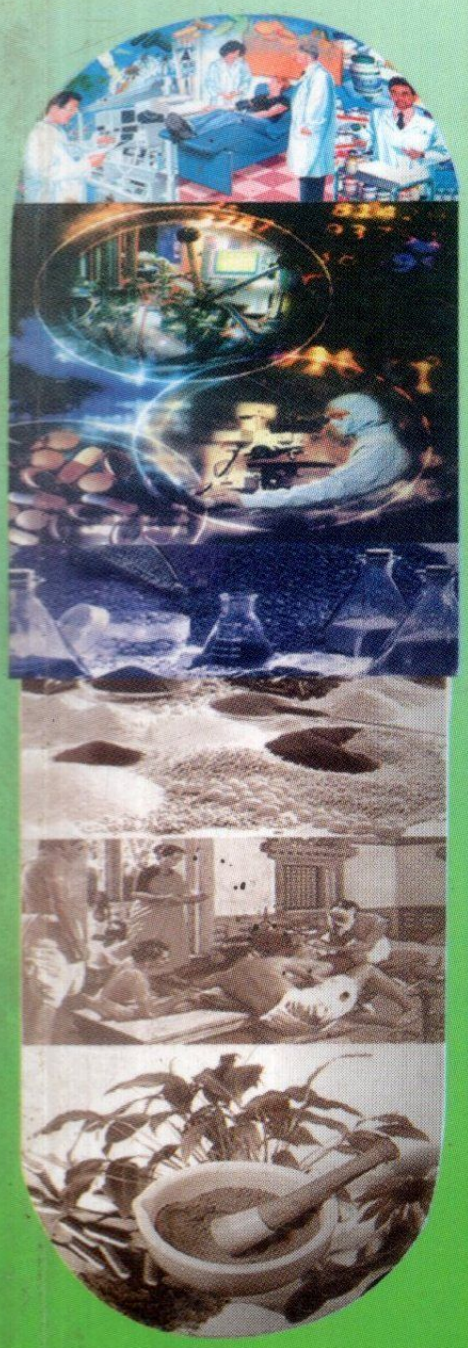


INTERNATIONAL CONFERENCE

On the Role of

INDIAN SYSTEMS OF MEDICINE

and

HOMEOPATHY

IN THE 21st CENTURY

SOUVENIR
2003

Organized By:

COMMISSIONERATE OF INDIAN MEDICINE AND HOMEOPATHY

ARUMBAKKAM, CHENNAI - 600 106, TAMILNADU, INDIA.

AMUDHAKALASAM SIDDHA LITERARY RESEARCH CENTRE

Paris-Dakner

Group of companies

Paris-Dakner Microspherules Pvt. Ltd.

Chennai.

Paris-Dakner Pharma Ltd

Cochin.

Paris-Dakner

Manufacturers and Exporters of Ayurvedic and Allopathic drugs in various dosage forms like Tablets, Capsules, Liquids Ointments, Powders and Dry Syrups.

WHO-GMP approved Manufacturing facilities.

For Manufacturing and Export enquiries, Please contact:

M.S. THEIVENDRAN, Managing Director

Paris - Dakner Microspherules Pvt Ltd.
68A Vembuli Amman Koil Street, Alandur,
Chennai-600 016, India.
Ph: +91-44-22312892, 22329837, Fax: +91- 44-22327930
E-mail: theivend@sathyam.net.in, Website: www.Parisdakner.com

AMUDHAKALASAM SIDDHA LITERARY RESEARCH CENTRE

Dr. K. Jegan

INTERNATIONAL CONFERENCE ON THE ROLE OF INDIAN SYSTEMS OF MEDICINE IN THE 21ST CENTURY

February 1st and 2nd, 2003

Venue:

IMAGE AUDITORIUM

Raja Annamalai Puram

Chennai

Organised by :

COMMISSIONERATE OF INDIAN MEDICINE

&

HOMEOPATHY

Government of Tamilnadu,

Arumbakkam,

Chennai - 600 106.

India.

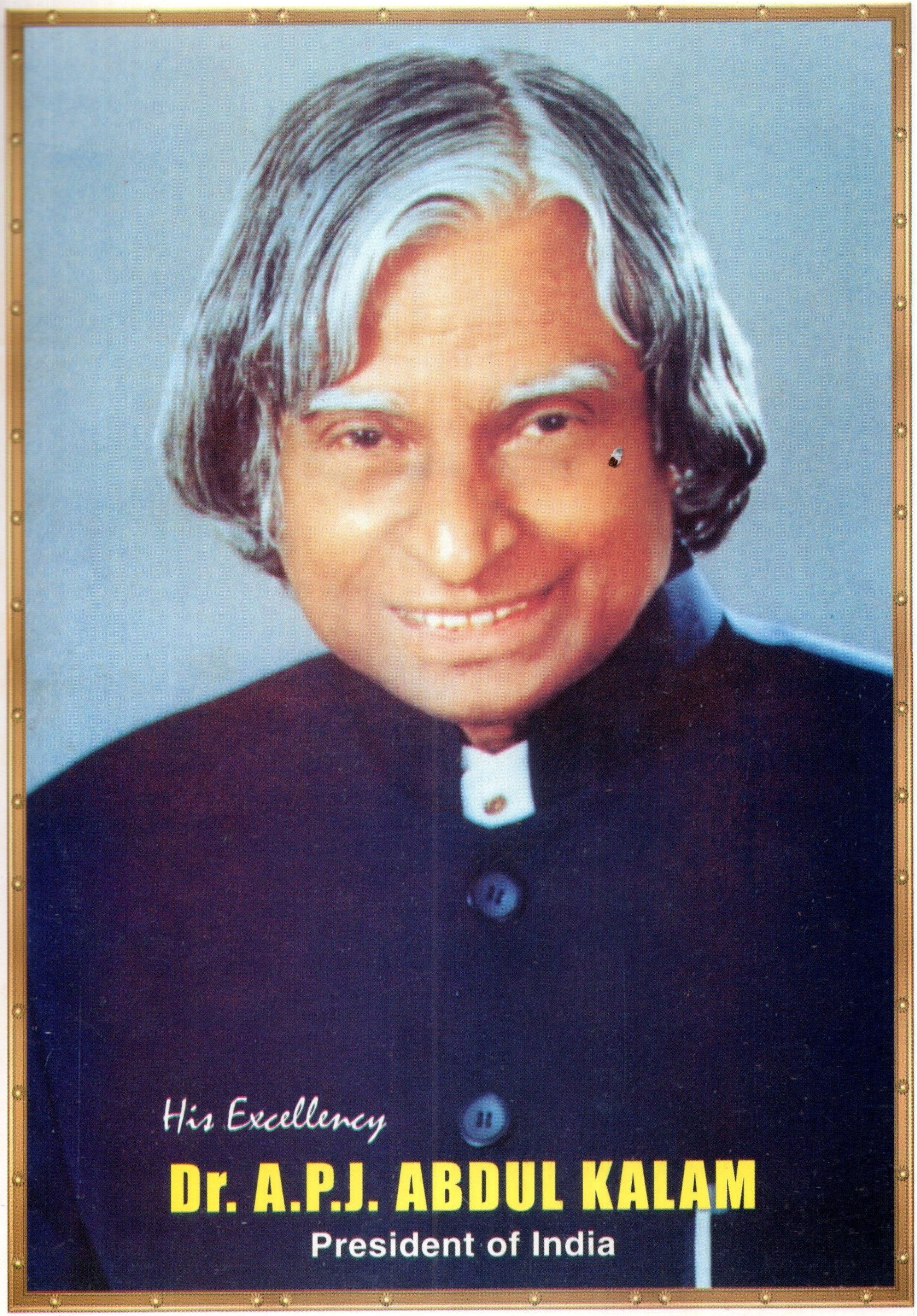
Phone : 2628 1563, 2621 6244

Web : URL://http://www.tnhealth.org

E-mail : intconim@hotmail.com

Fax : 2620 6223

AMUDHAKALASAM SIDDHA LITERARY RESEARCH CENTRE


His Excellency
Dr. A.P.J. ABDUL KALAM
President of India

SELVI. DR. J. JAYALALITHAA
Hon'ble Chief-Minister of Tamil Nadu

Thiru. S. SEMMALAI

Hon'ble Minister for Health and Education,
Govt. of Tamil Nadu

AMUDHAKALASAM SIDDHA LITERARY RESEARCH CENTRE

राष्ट्रपति
भारत गणतंत्र
PRESIDENT
REPUBLIC OF INDIA

MESSAGE

I am happy to learn that the Commissionerate of Indian Medicine and Homeopathy, Government of Tamil Nadu is organising an International Conference on the role of Indian Systems of Medicine in the 21st Century on February 1-2, 2003.

I am confident that the deliberations of the conference will help the participants in evolving new ways of highlighting the benefits of the Indian System of Medicine such as affordable cost and non-toxicity. I am also sure that there will be a focus on how this system can be dovetailed with the modern health delivery system.

On this occasion. I extend my warm greetings and felicitations to the organisers and all the participants and send my best wishes for the success of the Conference.

(A.P.J. Abdul Kalam)

New Delhi
January 27, 2003

AMUDHAKALASAM SIDDHA LITERARY RESEARCH CENTRE

P.S. RAMAMOHAN RAO

Raj Bhavan
Chennai - 600 022

MESSAGE

I am glad to note that the Tamil Nadu Government, through its Commissionerate of Indian Medicine and Homeopathy, will be organizing an "International Conference on the Role of Indian Systems of Medicine in the 21st Century".

It is common knowledge that, notwithstanding the revolutionary advances being made in the Science of Allopathic Medicine, there has been a corresponding increase in attention to the Indian Systems of Medicine and the various alternative therapies that they offer, particularly for the general well being and health of human beings. This is largely on account of the fact that the Indian therapies have less side effects and focus more on the overall physical condition of the body. They are also more affordable

I am sure that the Conference will help to integrate the best in the East and the West for the larger benefit of humankind.

(P.S. Ramamohan Rao)

AMUDHAKALASAM SIDDHA LITERARY RESEARCH CENTRE

S. SEMMALAI, B.Sc., B.L.,
Minister for Health and
Education

Secretariat
Chennai - 600 009

Date 28.1.2003

MESSAGE

I am happy to learn that "International conference on the role of Indian systems of Medicine and Homeopathy in the 21st Centrury" is scheduled to be held in Chennai on 1st and 2nd February, 2003.

It is an undeniable fact that Indian Systems of Medicine particularly Siddha and Ayurvedha have grown in tandem with Indian culture. Similarly, Unani and Homeopathy systems too have become an inalienable treatment process. Despite inherent values ingrained in Indian Systems of medicine and Homeopathy, the progress the systems have made in tune with the modern changing needs is not satisfactory. I am sure the delegates attending the Conference will deliberate ways and means of documenting Indian Systems of Medicine and Homeopathy on a more scientific basis and map out strategies to develop these systems in conjunction with Allopathic system of medicine.

Our **Hon'ble Chief Minister Dr. Puratchi Thalaivi** has been evincing greater interest in development of Indian Systems of Medicine and Homeopathy.

I am sure the Conference will unfold and evolve a viable and better approach for the dvelopment of Indian Systems of Medicine and Homeopathy.

28/1/03

(S. SEMMALAI)

AMUDHAKALASAM SIDDHA LITERARY RESEARCH CENTRE

भारत सरकार
GOVERNMENT OF INDIA
स्वास्थ्य एवं परिवार कल्याण मंत्रालय
MINISTRY OF HEALTH & FAMILY WELFARE
भारतीय चिकित्सा पद्धति एवं होमियोपैथिक विभाग
DEPTT. OF ISM & HOMOEOPATHY
रेड क्रोस भवन, नई दिल्ली - 110001
RED CROSS BUILDING, NEW DELHI-110001
दूरभाष / TEL.: 3715564 फैक्स / FAX : 3327660

दिनांक / DATE 16.1.2003

MESSAGE

I am immensely pleased to learn about the 'International Conference on the role of Indian Systems of Medicine in the 21st Century' being organized by the Commissionerate of Indian Medicine & Homeopathy, Government of Tamil Nadu in February, 2003.

It is indeed a matter of great satisfaction that the Indian Systems of Medicine, particularly Ayurveda & Yoga, by virtue of their inherent strengths and principles of holistic health care, are emerging as unique medical systems for global acceptance. There is a resurgence of interest and demand of these systems. Unfortunately, lack of scientific research in efficacy and toxicity of drugs is causing hindrance in the acceptance of these systems by the scientific community thus slowing the pace of globalization. The need of the time is to explore these systems on scientific parameters and convince the world about their efficacy and safety..

I do hope deliberations in the conference would address these issues and suggest a strategy to be evolved to define and highlight the role of Indian Systems of Medicine in the emerging health scenario.

I convey my best wishes for the success of the event.

(Malti S. SINHA)
Secretary (ISM&H)

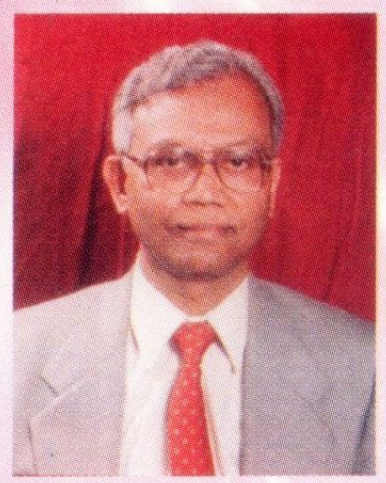
AMUDHAKALASAM SIDDHA LITERARY RESEARCH CENTRE

डॉ. र. अ. माशेलकर, एफ.आर.एस
महानिदेशक, वै.औ.अ.प.
एवं
सचिव, वैज्ञानिक तथा औद्योगिक अनुसंधान विभाग
(भारत सरकार)

Dr. R.A. MASHELKAR, F.R.S
Director General, CSIR
&
Secretary, Department of Scientific & Industrial Research
(Government of India)

DIAMOND JUBILEE YEAR
CSIR INDIA
1942-2002

वैज्ञानिक तथा औद्योगिक अनुसंधान परिषद्
अनुसंधान भवन, 2 रफी मार्ग, नई दिल्ली--110001
COUNCIL OF SCIENTIFIC & INDUSTRIAL RESEARCH
Anusandhan Bhawan, 2 Rafi Marg, New Delhi-110001



MESSAGE

I am happy to know that the Commissionerate of Indian Medicine & Homeopathy Chennai, is organizing International Conference on the Role of Indian Systems of Medicine in the 21st Century, in February 2003.

The Indian systems of medicine, namely Ayurveda, Unani, Siddha, etc., have been serving the mankind over centuries. In spite of the great progress made by modern medicine, these systems are still widely used by masses in areas like life style diseases, liver disorders, gastro-intestinal disturbances, anorectal disorders, respiratory diseases, etc. These systems are sometimes used as alternative therapies in cases where the modern drugs cause allergy or sometimes as adjuvants to modern medicines to prevent the harmful side effects of modern medicine on liver, bone marrow etc. In fact, there is a growing interest in the world towards herbal remedies.

I wish to congratulate the organizers of the Conference who have done well in taking lead in promoting the use of Indian system of Medicine, and this Conference surely is their milestone in this regard. I wish them all sucess.

(R A Mashelkar)

AMUDHAKALASAM SIDDHA LITERARY RESEARCH CENTRE

Girija Vaidyanathan, I.A.S.,
SECRETARY TO GOVERNMENT

Health and Family Welfare Department.
Fort St.George, Chennai - 600 009.
Off : 567 1875
Resi : 493 5519
Fax : 91-44-5671253
E-mail : hfsec@tn.gov.in

29th January 2003

MESSAGE

I am glad to know that the Commissionerate of Indian Medicine and Homeopathy, Chennai - 106, is organizing the International Conference on the role of Indian Medicine and Homeopathy in the 21st Century on February 1st and 2nd 2003, and they are bringing out a Souvenir with articles on the theme of the conference.

With increased life expectancy and changing lifestyles, the utilization of traditional medicine is growing day by day. The practitioners of the Indian Systems of medicine have to rise to the occasion to satisfy the needs of modern man on a sustainable basis. I am sure that the articles in the Souvenir will impress upon the participants of this workshop and other academicians, the scientific spirit of the traditional physicians and the relevance of their treatment to modern day medical care.

(Girija Vaidyanathan)

AMUDHAKALASAM SIDDHA LITERARY RESEARCH CENTRE

INTERNATIONAL CONFERENCE ON THE ROLE OF INDIAN SYSTEMS OF MEDICINE IN THE 21ST CENTURY

February 1st and 2nd, 2003

Venue:

IMAGE AUDITORIUM

Raja Annamalai Puram

Chennai

Organised by :

COMMISSIONERATE OF INDIAN MEDICINE

&

HOMEOPATHY

Government of Tamilnadu,

Arumbakkam,

Chennai - 600 106.

India.

Phone : 2628 1563, 2621 6244

Web : URL://http://www.tnhealth.org

E-mail : intconim@hotmail.com

Fax : 2620 6223

AMUDHAKALASAM SIDDHA LITERARY RESEARCH CENTRE

COMMITTEES OF THE CONFERENCE

Organising Committee

Patrons	:	**Thiru S. Semmalai,** B.Sc., B.L., Hon'ble Minister for Health and Family Welfare, Govt. of Tamilnadu
	:	**Tmt. Malti S. Sinha,** I.A.S., Secretary to Government of India, Dept. of Indian Systems of Medicine, New Delhi.
	:	**Dr. R.A. Mashelker,** FRS, Director General, C.S.I.R., New Delhi.
	:	**Tmt. Girija Vaidyanathan,** I.A.S., Secretary to Govt. of Tamil Nadu, Health and Family Welfare Dept.
Chairman	:	**Thiru M.F. Farooqui,** I.A.S., Commissioner of Indian Medicine & Homeopathy, Chennai.
Vice Chairman	:	**Dr. S.K. Khadri,** HPIM., Former Director of ISM & H.
Organising Secretary	:	**Dr. S. Gopalakrishnan,** Joint Director of Indian, Medicine and Homeopathy, Chennai.
Treasurer	:	**Mr. Seenivasagam,** AAO., C.I.M. & H.,Chennai.
Joint Secretaries	:	1. Dr. K. Jayapal 2. Dr. V. Subbulakshmi 3. Dr. D. Athisayaraj 4. Dr. N. Manavalan 5. Dr. G. Sivaraman

AMUDHAKALASAM SIDDHA LITERARY RESEARCH CENTRE

Members :

1. Dr. K.M. Radhakrishnan
2. Dr. S.P. Thiagarajan
3. Dr. K. Vaidhilingam
4. Dr. V.R. Seshadri
5. Dr. P. Jeyaprakash Narayanan
6. Dr. G. Ganapathy
7. Dr. Gowher Sultana
8. Mr. D. Narayanappa
9. Dr. S. Thirunavukkarasu
10. Dr. V. Stanely Jones
11. Dr. Sultan Ismail

Scientific Committee :

Coordinator : **Prof. Dr. P. Jeyaprakash Narayanan**

Joint Coordinator : **Dr. Syed Imamuddin Ahmed**

Members :

1. Dr. C.U. Velmurugendran
2. Dr. J.R. Sankaran
3. Dr. K.M. Radhakrishnan
4. Dr.S.P. Thiagarajan
5. Dr. J.R. Krishnamurthy
6. Dr. Jeyaprakash Narayan
7. Dr. K. Jayapal
8. Dr. K. Vaidhilingam
9. Dr. Sowmya Swaminathan
10. Dr. V. Arunachalam
11. Dr. N. Manavalan
12. Dr. G. Sivaraman

Souvenir Committee

Chief Editor : **Prof. Dr. G. Ganapathy**

Co-Editor : **Dr. P. Baskar Suresh Kumar**

Members :

1. Dr. G.S.M.P. Quadri
2. Dr. Ch. Ramakrishnamacharya
3. Dr. M.M. Ameen
4. Dr. Muralidaran Nair
5. Dr. Shaik Shahul Hameed
6. Dr. B. Michael Jeyaraj

AMUDHAKALASAM SIDDHA LITERARY RESEARCH CENTRE

CHAIRMAN SPEAKS....

There is a widely acknowledged view claiming that there has been a resurgence of the indigenous systems of medicine in the recent past. I think we have to acknowledge that there has been a disenchantment from the modern system of medicine. However, we have to look at the possible reasons for this trend. The life expectancy has definitely gone up and with that the number of age-related diseases have come up. A number of diseases are also associated with the lifestyle. The management of these diseases very often entail administration of drugs over a prolonged period of time. This many a time results in side-effects and it is my contention that this is the root cause of the so-called disenchantment from the modern system of medicine. There are some other reasons as well. For example the modern man tends to demand more alternatives-more choices in every sphere of life. It is therefore no wonder that in the medical systems also there is a craving for alternatives.

However, if we want to convince the modern man about the utility and usefulness of the Indian systems of medicine in the long run we have to do this in the language that he understands the best - the language of science and rationality. It must be clearly understood that the argument of the traditional systems of medicine being time-tested alone is not going to cut much ice with the modern man as he only understands the idiom of scientific validation and of proofs that these medicines do not have any toxicity. The modern man expects far more intellectual rigor in any argument intended to persuade him to change his choices.

It is therefore quite clear that while there is an opportunity for the Indian Systems of Medicine to establish that they have an important and meaningful role to play in the maintenance of health of the common man today, encashing this opportunity is going to pose a major challenge before these systems. It is my considered opinion that the future of the medical care in the world would greatly depend upon the way we fashion our response to this challenge.

It is our great fortune that we have inherited such well-documented systems of medicine. They represent a treasure house of information. However, we cannot afford to take the body of knowledge available with us as sacrosanct which can neither be questioned nor improved upon. We have to bring scientific consciousness to the knowledge that we possess. Similarly, the modern medical science also can not claim to have all the answers. In fact each has its own areas of strength and each has much to learn from the other. This conference intends to bring the experts of various systems of medicine on one common platform and exchange ideas which can benefit all of them collectively and help in devising a sustainable health

AMUDHAKALASAM SIDDHA LITERARY RESEARCH CENTRE

solution for the mankind. This Conference also hopes to bring on the same platform the experts of various other disciplines of biological sciences in this search for a holistic health solution. If we succeed in creating greater awareness of each others strengths and of the ways in which one can complement the other, the conference would have served its purpose.

I would like to place on record my gratitude to Dr. S. Gopalakrishnan, the organising Secretary; Prof. Dr.P. Jeyaprakash Narayanan, the Coordinator Scientific Committee and Prof. Dr.G. Ganapathy, Chief Editor and their respective committees, all the officials of the Commissionerate, the medical fraternity and the experts from various fields for their valuable contributions. It is no exaggeration to say that but for their cooperation it just would not have been possible to organise this conference. I am also indebted to all the delegates and those who have contributed scientific papers for their overwhelming response.

M.F. FAROOQUI. I.A.S ,
Commissioner of Indian Medicine & Homeopathy,

AMUDHAKALASAM SIDDHA LITERARY RESEARCH CENTRE

WELCOME TO ALL

"A GREAT DOCTOR IS ONE WHO TREATS NOT SOME ONE WHO IS ALREADY ILL BUT SOME ONE NOT YET ILL".

On the occasion of the International conference on the Role of Indian systems of Medicine and Homeopathy in 21st Century at Chennai, we have great pleasure in welcoming you to the assembly of great doctors at Chennai. We feel proud and happy to organise this unique programme at Chenai in India. This meeting will be a trendsetter in medical profession. particularly Indian systems of medicine, foussing its attention mainly on preventive / curative. We are sure it will provide us a golden opportunity for discussing and learning new ideas in preventive / curative and lifestyle aspects.

The scientific committee under the Chairmanship of Dr. P. Jeyaprakash Narayanan has taken appropriate steps to make the scientific session interesting and instructive and we are sure you will find the presentations to be of high calibre. Solutions may not come through the conference immediately, but it will stimulate thinking towards advancement of capabilities. No conference can be a success without the help of many people drawn from all section of society. We are extremely thankful to all our colleagues, friends and other, who have toiled and sweated, working for this conference day and night. And it is left to you all to express your appreciation.

I hope the delegates, when they leave Chennai will feel attending this conference was worth while experience and this visit will be one of most cherished memories of your life time.

Welcoming you again.

Dr. S. GOPALAKRISHNAN
Organising Secretary

AMUDHAKALASAM SIDDHA LITERARY RESEARCH CENTRE

FROM EDITOR'S DESK

We are extremely happy to associated with you on the auspicious occasion of the "International Conference on the role of Indian Systems of Medicine in the 21st Century" organised by the Commissionerate of Indian Medicine and Homepathy, Chennai.

Traditional medical Systems of India Viz. Ayurveda, Siddha, Unani, Yoga and Naturopathy are making waves in the advancement of medical sciences since their efficacy in treating various ailments is found to be high. This has generated a lot of interest about these systems in the professionals of parallel and allied sciences such as Biochemistry, Pharmacology, Medicinal Chemistry, etc. and made them also to start research and development activities on it. This conference motto is to bring all like-minded people onto a single platform - professionals, intellingentsia and academicians to participate and present their activities.

Though the themes were varied such as protocol design, clinical and basic medical research to prove its safety and efficacy, nutraceuticals, strandardisation, special reference to lifestyle disorders etc., the scientifil sessions were grouped into five viz (1) Fundamental - Principles and practices (2) Clinical Studies (3) Pharmacology (4) Standardisation and (5) Applied Sciences.

With the intention of encouraging young scientists to do more research and expose their skill in the respective fields, we have selected 111 papers for oral presentation and 71 papers for Poster presentation and due to overwhelming response we are unable to accomodate all the papers for oral presentation. We request the participants to kindly not take any offence.

Prior to the conference, a one day CME programme is arranged for the young doctors of ISM to refresh their clinical skills in the speciality areas.

In order to enrich our knowledge and learn from the experiences of Intellectuals, a series of Guest lectures have been arranged in Plenary Sessions. Academicians and Scholars from various fields of medicine and allied sciences are invited to give valuable guest lectures and extend their experience with delegates. Moreover Scientific session starts with the Presidential Address by an Eminent and Senior Academician.

A brain storming session on "ISM and Industry" is planned on 2nd day of the conference

AMUDHAKALASAM SIDDHA LITERARY RESEARCH CENTRE

as it has its Export of medicinal plants/Herbal products, Fetching millions of Dollars in the International Market. Moreover a single theme symposia on "Join Hands to manage HIV Disease" is also planned, where the experts of various systems of medicine are going to share their experiences. To consolidate all, a panel discussion is also planned before that of validictory.

Studies based on Biochemistry, Pharmacology, Biotechnology etc. are contributing to the further understanding of Traditional medicine. All put together the souvenir is in the hands of Intelectuals like you to appreciate and implement. We trust that outcome of this International conference souvenir shows the upgradation of Traditional System of medicine for the benefit of mankind.

From the conceptualisation to the execution various committees have done tremendous work to make this event very successful.

We express our gratitude to Patrons, Chairman and dignitaries for their encouraging and active involvement to make this event a great success.

This conference souvenir would not have become a historical monument of ISM, but for the prime motivator of the conference, our Commissioner **Thiru.M.F. Farooqui,** I.A.S. who has personally been involved and given suggestions regarding all aspects of the souvenir based on his vast experience.

We are greatly indebted to our Organising Secretary **Dr.S. Gopalakrishnan** and Scientific Committee Co-ordinator Prof.**Dr.P.Jeyaprakash Narayanan.**

We extend our gratitute to all members of various committees, participants, delegates advertiesers, exhibitors and other involved directly and indirectly.

We would like to remind that the factual accuracies of the scientific papers and articles printed in this souvenir are with the concerned authors only.

Thanking you,

Prof. **DR.G. GANAPATHY,**
Chief Editor.

AMUDHAKALASAM SIDDHA LITERARY RESEARCH CENTRE

INAUGURATION

Date : 31-1-2003 **Time : 5.00 p.m.**

1. Tamil Thai Vazhthu. -

2. Welcome Address - **Thiru. M.F. Farooqui,** I.A.S.,
Commissioner of Indian Medicine & Homeopathy
Chennai.

3. Inaugural Address - **Thiru. S. Semmalai,** B.Sc., B.L.
Hon'ble Minister for Health and Education
Govt. of Tamil Nadu, Chennai.

4. Presidential Address - **Tmt. Malti S. Sinha** I.A.S.,
Secretary, ISM
Govt. of India, New Delhi

5. Releasing of Souvenir - **Tmt. Girija Vaidyanathan**
Secretary, Health and Family Welfare
Govt. of Tamil Nadu, Chennai

6. Felicitations - **Dr. S.K. Khadri,** H.P.I.M.

Dr. J.R. Krishnamurthy, G.C.I.M.,

Dr. Jayapraksh Narayan, MBBS., M.D., (Ay)

Dr. S.P. Koppikar, B.H.M.S.,

7. Vote of Thanks - **Dr. S. Gopalakrishnan,** B.I.M

8. National Anthem

AMUDHAKALASAM SIDDHA LITERARY RESEARCH CENTRE

CONTINUING MEDICAL EDUCATION PROGRAMME
TREASURES OF TRADITIONAL MEDICINE

31-01-03 (FRIDAY)

1. 9.00 AM – 9.30 AM	Inauguration	**Thiru M.F.FAROOQUI,** I.A.S., Commissioner of I.M&H.

SESSION - I

	Chairman	**Dr.Syed Imamuddin Ahmed**
	Co-Chairman	**Dr.Athisayaraj**
2. 9.30 AM – 10.15 AM		Introduction by Krishnamachari Yoga Mandhiram - **Dr.Vetri Vendan**
3. 10.15 AM – 11.00 AM		Principles and practice of Panchakarma and a special emphasis on Navarakizhi - **Dr.Hrishikesh**
4. 11.00 AM – 11.15 AM		Tea
5. 11.15 AM – 12.00 AM		Varma **Dr.Nagarajan & Dr.G.Sivaraman**
6. 12.00 Noon – 12.30 PM		Naturopathy **Dr.N.Manavalan & Dr.S.T.Venkateswaran**
7. 12.30 PM– 1.00 PM		Regimental Therapy in Unani Medicine **Dr. Syed. M.M.Ameen**
8. 1.00 PM – 2.00 PM		Lunch

SESSION - II

	Chairman	**Dr.C.V.Velmurugendran**
	Co-Chairman	**Dr.K.Palanichamy**
9. 2.00 PM- 2.30 PM		Kshara Sutra Therapy to Anorectal Disorders. **Prof. Kulwant Singh Soodan**
10. 2.30 PM – 3.00 PM		Standaridization of Indian Systems of Medicine **Dr.S.P.Thiyagarajan**
11. 3.00 PM - 3.30 PM		Designing Clinical Trial in ISM **Dr.M.D.Gupte**
12. 3.30 PM		Tea

Prof. P. Jeyaprakash Narayanan,
Coordinator, Scientific Committee.

AMUDHAKALASAM SIDDHA LITERARY RESEARCH CENTRE

SCHEDULE AT A GLANCE

01-02-2003

8.00 a.m.	-	Delegates Registration
9.00 a.m. to 9.30 a.m.	-	Presidential Address
9.30 a.m. to 10.00 a.m.	-	Plenary Lecture - I
10.00 a.m. to 11.00 a.m.	-	Scientific Session - I (Free Papers) (Auditorium, Hall - I and Hall - II)
11.00 a.m. to 11.15 a.m.	-	Tea Break
11.15 a.m. to 11.45 a.m.	-	Plenary Lecture - II
11.45 a.m. to 12.45 p.m.	-	Scientific Session - II (Free Papers) (Auditorium, Hall - I and Hall - II)
12.45 p.m. to 1.15 p.m.	-	Plenary Lecture - III
1.15 p.m.	-	Lunch
2.30 p.m. to 3.30 p.m.	-	Scientific Session - III (Free Papers) (Auditorium, Hall - I and Hall - II)
3.30 p.m. to 4.00 p.m.	-	Tea Break
4.00 p.m. to 4.30 p.m.	-	Plenary Lecture - IV
4.30 p.m. to 5.30 p.m.	-	Scientific Session - IV (Free Papers)
6.00 p.m. - Culturals	-	(Auditorium, Hall - I and Hall - II)

02-02-2003

9.00 a.m. to 9.30 a.m.	-	Plenary Lecture - V
9.30 a.m. to 10.30 a.m.	-	Scientific Session - V (Free Papers) (Auditorium Hall - I and Hall - II)
10.30 a.m. to 10.45 a.m.	-	Tea Break
10.45 a.m. to 12.45 p.m.	-	Industry & ISM
12.45 p.m. to 1.15 p.m.	-	Plenary Lecture - VI
1.15 p.m.	-	Lunch
2.00 p.m. to 4.00 p.m.	-	Join Hands to Manage HIV Disease
4.00 p.m. to 4.15 p.m.	-	Tea
4.15 p.m. to 5.00 p.m.	-	Panel Discussion
5.00 p.m.	-	Valedictory Function

AMUDHAKALASAM SIDDHA LITERARY RESEARCH CENTRE

SCIENTIFIC SESSIONS

1-2-2003

PRESIDENTIAL ADDRESS - PROF. DR. KULWANT SINGH SOODAN,

Dean, Gujarat Ayurved University, Jam Nagar.
(9.00 a.m. to 9.30 a.m.)

PLENARY SESSION AUDITORIUM – GUEST SPEAKERS

Sl.No	Name of the Guest Speaker	Date & Time	Topic
1.	**Dr.J.R.Krishnamurthy,** G.C.I.M (Member, Governing Body, CCRAS New Delhi), No.5, Perumal Sannathi Street, Kundrathoor, Chennai.	1.2.03 9.30 am to 10.00 am	Principles of Siddha Medicine
2.	**Dr.P.Jayaprakash Narayan,** M.B.;B.S.,M.D(Ayur), Bangalore, Karnataka State.	1-2-03 11.15 am to 11.45 am	Integrated Medical Practices in India
3.	**Dr.Nagarathinam,** FRCP., Professor, Bangalore, Karnataka State.	1-2-03 12-45 pm to 1.15 pm	Stress Management by Yoga
4.	**Prof.Dr.Kulwanth Singh Soodan** Dean, Ayurvedic University, Jamnagar, Gujarath State.	1-2-03 4.00 pm to 4.30 pm	Non Surgical Management of BPH
5.	**Prof.Dr.Yogeswaran,** Ramachandra Medical College, Chennai.	1-2-03 5.30 pm to 6.00 pm	Research Methodology in Herbal Medicine
6.	**Prof. Dr. Kulwanth Singh Soodan,** Dean, Ayurvedic University, Jamnagar, Gujarath State.	2-2-03 12.45 p.m. to 1.15 p.m.	Application of Jaluka for the Management of Thrombosed piles cases

AMUDHAKALASAM SIDDHA LITERARY RESEARCH CENTRE

INDUSTRIES AND ISM

Date: 2-2-2003 Time : 10-45 a.m 12-45 p.m

Chairman : **Prof. Dr. S. P. Thiyagarajan**

Co-Chairman : **Thiru G. Swaminathan** Ex M.P.

Speakers :

1. Dr. V. R. Seshadri B Sc., BSAM
   Secretary, IMPCOPS. Chennai
2. Thiru B. Narayanappa
   Chief-Botanist, TAMPCOL, Chennai
3. Mr. K. O. Isaac
   Director, Abl Bio technologies Ltd
   1, 4 th East street, Kamarajar Nagar, Chennai
4. Dr. Syed M.M. Ameen
   Niamath Laboratories, Chennai

JOINING HANDS TO MANAGE HIV DISEASE

Date : 2-2-2003 Time : 2.00 p.m to 4.00 p.m

Felicitation by : **Thiru Deenabandu** I.A.S.,
Project Director & Member Secretary,
Tamilnadu State AIDS control society,
Chennai.

Chairman : **Prof. Dr. C.N. Deivanayagam** F R C P

Co-chairman : **Prof. Dr. P. Jeyaprakash Narayanan,** M.D(Siddha).

Speakers :

1. Prof. G. Ganapathy, M.D(Siddha).
   Siddha approach
2. Dr. Shaik Shahul Hameed, M.D.(Unani),
   Unani approach
3. Dr. Ch. Ramakrishnamacharya, M.D(Ay), Ph.D.
   Ayurvedic approach

AMUDHAKALASAM SIDDHA LITERARY RESEARCH CENTRE

PANEL DISCUSSION

Date : 2-2-2003 Time : 04-15 p.m to 05-00 p.m

1. **Thiru M.F. Farooqui, IAS**
2. **Prof. Dr. S.P. Thiagarajan**
3. **Dr. S. Gopalakrishnan**
4. **Dr. Jeyaprakash Narayan**
5. **Dr. A. Saraswathy**
6. **Dr. Syed Imamuddin Ahmed**
7. **Prof. Dr. P. Jeyaprakash Narayanan**

VALEDICTORY FUNCTION

PROGRAMME

Date : 2-2-2003 5.00 p.m.

Tamizh Thai Vazhthu

Conference Report : **Prof. P. Jeyaprakash Narayanan,** M.D., (Siddha)

Presidential Address : **Vaidhya. P.S. Sreeram Sharma**
President Central Council of Indian Medicine,
New Delhi.

Special Address : **Thiru. M.F. Farooqui,** I.A.S.,
Commissioner of Indian Medince & Homeopathy,
Chennai.

Valedictory Address : **Prof. Dr. C.V. Bhirmanandham**
Vice Chancellor, T.N. Dr. M.G.R. Medical University,
Chennai

Vote of Thanks : **Prof. G. Ganapathy,** M.D., (Siddha)

National Anthem :

AMUDHAKALASAM SIDDHA LITERARY RESEARCH CENTRE

Session - I. Auditorium

FUNDAMENTALS - PRINCIPLES AND PRACTICES

Chairman : Dr. G. VELUCHAMY
Co-Chairman : Dr. SHEK SHAKUL HAMEED

Date : 1.2.2003 **Time 10.00 a.m. - 11.00 a.m.**

S.No.	Session -I Auditorium	Name	Title of the Paper
1.	OP - I - A	Dr. T. ANANDAN, SIVAPRAKASAM (CRI- Chennai)	Scope for Automation of Pulse reading, A Noninvasive Simple Diagnostic Tool used in Siddha system of Medicine
2.	OP - I - A	Dr. PADMA GURMET (CCRAS, Ladakh)	Scope for Study of Ancient Indian Medical Literature in Tibetan Manuscripts
3.	OP - I - A	Dr. KHALID ZAMAN KHAN (ALIGARH)	Role of Tabiyat in regulation of Hararate Ghareezia
4.	OP - I - A	Dr. P. BABU Erode	Clinical Evaluation and Standardization of Siddha Diagnostic Tools - "Manikkadai Nool"
5.	OP - I - A	Dr. S.K. BRAHMA P.K. DEVANATH S.J.S.A. College, Nazarethpet	Therapeutic Importance of Ayurvedic Rasayana Drugs with a Special reference to their multi dimensional actions
6.	OP - I - A	Dr. CHAND USMANI, Dr. S.S. HAMEED & Dr. S.I. AHMED (GUMC, Chennai)	Concept and significance of Fasad (Venesection) in Unani system of Medicine
7.	OP - I - A	Dr. M. LOGAMANIAN (G.S.M.C. Chennai)	Ethical guidelines for clinical evaluation of herbal remedies

AMUDHAKALASAM SIDDHA LITERARY RESEARCH CENTRE

SESSION - I - HALL - I

PHARMACOLOGICAL STUDIES

Chairman : Dr. VAMSHADHARA
Co-Chairman : Dr. M. MURUGESAN

Date : 1.2.2003 **Time 10.00 a.m. - 11.00 a.m.**

S.No.	Session -I Hall - I	Name	Title of the Paper
1.	OP - I - B	Dr. G. VIJAYAKUMAR & Dr. S. VENKATRAMAN (IBMS, Chennai)	Anti Oxidant Activity of *Spirulina plantensis* in Adjuvent Induced Arthritic Rats.
2.	OP - I - B	SITTA DJODY S. Dr. ILANGOVAN (IBMS, Chennai)	Effects of Quercetin and Genistein on rat bone marrow Stem Cells.
3.	OP - I - B	Dr. R. SUDHA & Dr. M. JAGADEESAN (T.U. Tanjore)	Anti-Hypertensive Activity of Amuri from *Musa paradisiaca* L. - A Pilot Pharmacological Study.
4.	OP - I - B	Dr. FAKHR-E-ALAM & Dr. K.M.Y. AMIN et.al (ALIGARH)	Hepato Protective Effect of the Unani Drug Jhau *(Tamarix gallica)* against $CC1_4$ induced hepatic damage in albino rats.
5.	OP - I - B	Dr. SAMSON .J & Dr. NAMASIVAYAM .A (IBMS, CHENNAI)	Effect of *Ocimum sanctum* on noice stress induced lipid peroxidation changes in rat brain
6.	OP - I - B	SIVAKUMAR.L & Dr. M.P. BALASUBRAMANIAN (IBMS, Chennai)	*Solanum xanthocarpum* extract alone & in combination with Cisplatin on cell membranes and tumour maker enzymes in N-Nitrosodiethy lamine induced hepatocellular carcinoma.
7.	OP - I - B	Dr. S. MOHAMMED FAROOQ & Dr. ASOKAN (IBMS, CHENNAI)	Can phycocyanin be effective against kidney stone formation? - A study in urolithic rats.

AMUDHAKALASAM SIDDHA LITERARY RESEARCH CENTRE

SESSION - I - HALL - II

PHARMACOLOGICAL STUDIES

Chairman : Dr. K. SIVAPRAKASAM
Co-Chairman : Dr. P. BASKAR SURESH KUMAR

Date : 1.2.2003 **Time 10.00 a.m. - 11.00 a.m.**

S.No.	Session -I Hall - II	Name	Title of the Paper
1.	OP - I - C	R. SATISH & R. DHANANJAYAN (IBMS, CHENNAI)	Neuropharmacological effects of extracts from *Alpinia galanga.*
2.	OP - I - C	P. SANGEETHA & Dr. PANNEER SELVAM (IBMS, Chennai)	Free radical scavenging capacity of grape seed extract in aged rats.
3.	OP - I - C	C. CHANDRASEKARAN S. PARIMALA & (Tamil University)	Hepato protection : The facts and facets of anti oxidants.
4.	OP - I - C	S. SUCHALATHA & C.S. SHYAMALA DEVI (University of Madras)	Effects of *Terminalia chebula* on the oxidative stress in experimental myocardial infraction
5.	OP - I - C	C. THANGAM & R. DHANANJAYAN (IBMS, Chennai)	Anti-Allergic Effects of Extracts and a phytochemical derived from the seeds of *garum capticum*
6.	OP - I - C	K. ANBARASI & THIRUGANASAMBANDAM (Rumi Herbals, Chennai)	Protective effects of Vilva A poly Herbal formulation, Rats exposed to cigareatte smoke.
7.	OP - I - C	P.K. DEEPA & R. DANANJAYAN (IBMS, Chennai)	Effects of the extracts derived from the leaves of *Gymnema sylvestre.* R.Br. on Isolated rat uterus.
8.	OP - 1 - C	DR. JEGANATHAN HAZEENA BEGUM (T.U. Tanjore)	Anti Ulcer, Anti-Secretory and Cytoprotective effects of *Trianthema decandra* in rats.

AMUDHAKALASAM SIDDHA LITERARY RESEARCH CENTRE

SESSION - II - AUDITORIUM

PHARMACOLOGICAL STUDIES

Chairman : Prof. Dr. K. JAYAPAL
Co-Chairman : Dr. G. SIVARAMAN

Date : 1.2.2003 **Time 11.45 a.m. - 12.45 p.m.**

S.No.	Session -II Auditorium	Name	Title of the Paper
1.	OP - II - A	Dr. TAJUDDIN K. DR. ZAINAM et.al (A.M.U. Aligarh)	Scientific Appraisal of Anti diabetic activity of Unani Herbal Drugs.
2.	OP - II - A	Dr. B. RADHAKRISHNAN & S. RAMASAMY (G.G.H. Pondichery)	A study of the analgesic effect of Rasagandhi mezhuhgu a Siddha drug in various models in mice.
3.	OP - II - A	Dr. V. MUTHULAKSHMI & P. SACHDANANDAM (IBMS, Chennai)	Semecarpus anacardium medicated modulates on glutathiane metabolizing enzymes in rheumatoid arthritis.
4.	OP - II - A	Dr. B.R. SENTHIL KUMAR & A. NAMASIVAYAM (IBMS, Chennai)	Experimental methods to evaluate the cardiotonic effects of medicinal plants.
5.	OP - II - A	Dr. DINESH DHINGRA MILIND Parle GURU JAMBHESHWAR University, Hissar - India	Memory Enhancing Activity of Glycyrrhiza glabra in mice.
6.	OP - II - A	Dr. MANIKANDAN .S & SUTHANTHIRARAJAN .N (IBMS, Chennai)	Anxiolytic Effects of *Acorus calamus* in albino rats.
7.	OP - II - A	Dr. A. JASWANTH S. KARPAGAM & KUMARA SUNDARI (Periyar College of Pharmacy, Trichy)	Effect of *Acorus calamus* on dermal wound healing in rats.

AMUDHAKALASAM SIDDHA LITERARY RESEARCH CENTRE

SESSION - II - HALL - I

PHARMACOLOGICAL STUDIES

Chairman : Dr. GOWHER SULTANA
Co-Chairman : Prof. Dr. SORNA MARIAMMAL

Date : 1.2.2003 **Time 11.45 a.m. - 12.45 p.m.**

S.No.	Session -II Hall - I	Name	Title of the Paper
1.	OP - II - B	Dr. S. AYYASAMY & M. JEGADEESAN et.al (A.M.O., G.H., Attur, Salem)	Assessment of Anti Oxidant activity of the extracts and principle derived from the rhizome of *Drynaria quercifolia.*
2.	OP - II - B	Dr. BILALAHMED & N.A. KHAN et.al (A.M.U., Aligarh)	Analgesic and anti pyretic activities of leaf of *Moringa oleifera Linn*
3.	OP - II - B	S. KARPAGAM KUMARA SUNDARI et.al (PCPS, Trichy)	Evaluation of the Central Stimulant Activity of Vishnu Chakram & Karuppu Vishnu Chakram in Rats.
4.	OP - II - B	BINU K. PHILIP & S. VENKATARAMAN (IBMS, Chennai)	Beneficial Effects of *Sida cordifolia* Linn. A lysosomal membrane stabilizing drugs in rodent model of adjuvant induced arthritis.
5.	OP - II - B	R. VIJAYAKUMAR & SUTHANTHIRA RAJAN .N (IBMS, Chennai)	Effect of *Plumbago zeylanica* on certain haematological parameters before and after haemorrhagic stress.
6.	OP - II - B	LAKSHMINARAYANAN VANI & P. SACHDANANDAM (IBMS, Chennai)	Effect of feeding *Semicarpus anacardium* Linn. nut milk extract on the lipid base - A nutritional study in rats.
7.	OP - II - B	Dr. S. PREMA & Dr. SELVAKUMAR ET.AL. (SRMC, Chennai)	Analgesic Activity of *Rubellia tuberosa* L. in experimental animals.

AMUDHAKALASAM SIDDHA LITERARY RESEARCH CENTRE

SESSION - II - HALL - II

PHARMACOLOGICAL STUDIES

Chairman : Prof. Dr. K.V.VAITHEESWARAN
Co-Chairman : Dr. V. VELPANDIAN

Date : 1.2.2003 **Time 11.45 a.m. - 12.45 p.m.**

S.No.	Session -II Hall - II	Name	Title of the Paper
1.	OP - II - C	Dr. S. VARADA MURTHY & K. KAMAKSHI (IBMS, Chennai)	Terpenoids - Therapeutic implication in Neural injury.
2.	OP - II - C	VICTOR RAJ MOHAN .C & PRADEEP (IBMS, Chennai)	Effect of Ethanolic Extract of *Cassia fistula* leaf on carbon tetra chloride induced hepato toxicity.
3.	OP - II - C	V. BALAMURUGAN R. DHANANJAYAN (IBMS, Chennai)	Efficacy of *Aerva lanata* and Vediuppu Chunnam in Urolithiasis in experimental albino rats.
4.	OP - II - C	RADHAKRISHNAN PADMAVATHY & DHANAPAL SAKTHISEKARAN	Propolis : *Herbal* An Anti Oxidant with special reference to breast cancer.
5.	OP - II - C	B. NATARAJAN & R. DHANANJAYAN (IBMS, Chennai)	Effect of *Trigonella foenum graecum Linn.* seeds on cardiovascular system of frogs.
6.	OP - II - C	S. CHITRA & C.S. SHYAMALA DEVI (University of Madras)	Modulatory Effect of Bio -E on Erthrocyte Membrane *ATP ases* against radiation damage in oral cancer.
7.	OP - II - C	ILAYARAJA .M & SIVALOGANATHAN .S (IBMS, Chennai)	*In vitro* anti helminthic activity of fruit extract of *Momordica charantia* Linn. (Bitter Guard)
8.	OP - II - C	Dr. V. GOPAL, (C.P. Pondichery)	Preliminary Pharmacological Screening and testing for anti asthmatic activity of *Acalypha indica* Linn. (Euphorbiacea) in Human.

AMUDHAKALASAM SIDDHA LITERARY RESEARCH CENTRE

SESSION - III - AUDITORIUM

CLINICAL STUDIES IN INDIAN SYSTEMS OF MEDICINE

Chairman : Prof. Dr. G. GANAPATHY
Co-Chairman : Dr. T.N. GOMATHINAYAGAM

Date : 1.2.2003 **Time 02.30 p.m. - 3.30 p.m.**

S.No.	Session -III Auditorium	Name	Title of the Paper
1.	OP - III - A	Dr. J. R. KRSHNAMOORTHY & S. RANGANATHAN (Kuntrathur, Chennai)	Immuno Modulatory Properties of certain siddha drugs - Pesin and Siva
2.	OP - III - A	Prof. V.D. AGRAWAL (SKDGAC, Rampur)	Ayurvedic Managment of Ischaemic Heart Disease
3.	OP - III - A	Dr. SYED IMAMUDDIN AHMED (GUMC, Chennai)	"Life Style Disorders"-an Unani clincal appraoch and need for Intergration
4.	OP - III - A	Dr. I. SORNA MARIAMMAL (G.S.M.C., Palyamkottai)	"Karppaganthi Thylam"- Ore Ayvu.
5.	OP - III - A	Dr. BHARTI & DR. V.K. SHALINI et al (CRIA, New Delhi)	Medoroga & Medodosha - A Treatment Appraoch.
6.	OP - III - A	Dr. A.M. ABDUL KHADER (G.S.M.C., Chennai)	Kulir Erumal (Bronchitis) - Clinical Study.
7.	OP - III - A	Dr. M. RAJASEKARAN (G.S.M.C., Chennai)	The Coronary Care in Siddha.

AMUDHAKALASAM SIDDHA LITERARY RESEARCH CENTRE

SESSION - III - HALL - I

CLINICAL STUDIES IN INDIAN SYSTEMS OF MEDICINE

CHAIRMAN : PROF. DR. RADHAKRISHNAN
CO-CHAIRMAN : DR. S. BOOPATHIRAJ

Date : 1.2.2003 **Time 2.30 a.m. - 3.30 p.m.**

S.No.	Session-III Hall - I	Name	Title of the Paper
1.	OP - III - B	P. SELVA SHANMUGAM (Thirunelveli)	Neikkuri - One of the Siddha parameters, characteristics and Case Study.
2.	OP - III - B	VANITHA, R. (Tambaram, Chennai)	Surgical Methods - Perspective of Acharya Susrutha.
3.	OP - III - B	S.K. SARAVANAKUMAR & S. SHAKUNTHALA (Thiruchengodu)	Insight into Neikkuri.
4.	OP - III - B	T. MUTHUKRISHNAN (Ganapathy Palayam, Erode)	Swarna Vanga Chenduram for Diabetes Mellitus & Gangrene.
5.	OP - III - B	ZAHEER & SAJID et al. (RRIDM, Chennai)	Therapeutic Evaluation of Unim - 105 in Comparison with ICTRUS (Unim - 106) in infective Hepatitis Patients.
6.	OP - III - B	N.C. PRASANNA LAKSHMI & S.K. TIWARI (SJSAC, Nazarathpettai, Chennai)	Clinical Evaluation of Shatavari Mandoor in case of parinama Shula (Peptic Ulcer Syndrome).
7.	OP - III - B	Dr.K.NALINA SARASWATHY & S. SATHIYA RAJESWARAN (GSMC, Palayamkottai)	The use of Thamarai Thandi in Aute Natal care.
7.	OP - III - B	MEENASHI S. MOORTHI & J.J. PANDIAN (CRI, Chennai).	Thinai and the Influence of Three Humours in Siddha.

AMUDHAKALASAM SIDDHA LITERARY RESEARCH CENTRE

SESSION - III - HALL - II

CLINICAL STUDIES IN INDIAN SYSTEMS OF MEDICINE

CHAIRMAN : PROF. DR. A. KUMARAVEL
CO-CHAIRMAN : DR. M. LOGAMANIAN

Date : 1.2.2003 **Time 2.30 p.m. - 3.30 P.m.**

S.No.	Session-III Hall - II	Name	Title of the Paper
1.	OP - III - C	A. SATHYA PRABH & A. VINOD KUMAR	Switra - Aetiopathological Study and Clinical Trial.
2.	OP - III - C	G. THIAGARAJAN (G.S.M.C, Chennai)	A Clinical Study on Psoriasis (Kalanjaga Padai).
3.	OP - III - C	BASHEERAHMED & A.A. SAYEED et al. (TIBBI College, Hyderabad)	Current Unani Medical Aproach Towards Diabetic Complications with special reference to Diabetic Foot.
4.	OP - III - C	J. SETHUMONI (GHMC, Thirumangalam)	Protocol Design, Conduct and Analysis of Scientific Studies with Respect to Homeopathic Drugs.
5.	OP - III - C	S. PARI (Salem)	My Experience (Experiments?) with the Wheezers.
6.	OP - III - C	MAHMOODA BEGUM & S.I. AHMED, (GUMC, Chennai)	Clinical Study of Unani Drugs in Sailanur Raham (Leucorrhoea).
7.	OP - III - C	DINESH. K.S & BHARVI THRIVEDI et al. (IPGI, Jam Nagar.)	Role of Rasayana Kalpavati in the Management of Post Menopausal Syndrome.

AMUDHAKALASAM SIDDHA LITERARY RESEARCH CENTRE

SESSION - IV

APPLIED SCIENCES

CHAIRMAN : PROF. DR. J.R. SANKARAN
CO-CHAIRMAN : DR. K. MOHAN

Date : 1.2.2003 **Time 4.30 p.m. - 5.30 p.m**

S.No.	Session-IV Auditorium	Name of the Autor(s)	Title of the Paper
1.	OP - IV - A	VAIDHYARATNA K. NATARAJAN (Chennai)	Chemical Mediciens in Siddha System of Treatment.
2.	OP - IV - A	GYANENDRA PANDEY (PRIA, Jhansi, U.P.)	Contribution of Indian Anti Ageing Herbal Drugs in Medicine of The Millennium.
3.	OP - IV - A	ARUNA MATHUR	The Growing Phyto - Phramaceutical Industry.
4.	OP - IV - A	TMT.A. THIRUMAGAL (M.G.R. M.U, Chennai)	Designing of Rural Information Center for Herbal System of Medicine.
5.	OP - IV - A	KALAVATHY KAMALAKAR RAO (CCRIS, Chennai)	Toxicological Profile - A Boon or Ban for Siddha?
6.	OP - IV - A	RAJALAKSHMI (CRIS, Chennai)	Protocol for Evaluation of the Efficacy of the Coded Herbal Drug on Psoriasis.
7.	OP - IV - A	CHITTIBABU.C.V. (G.S.M.C, Chennai)	Medicinal Plant Diversity in the Kolli Hills, India.
8.	OP - IV - A	N. RAVEENDARAN & AIJAN et al. (CARDS, Coimbatore)	An Economic Evaluation of Contract Forming of Medicinal Plant - Coleus *(Coleus Forskholi)* in Tamilnadu.

AMUDHAKALASAM SIDDHA LITERARY RESEARCH CENTRE

SESSION - IV - HALL - I

APPLIED SCIENCES

CHAIRMAN : PROF. DR. R. JEYARAM
CO-CHAIRMAN : MISS QUANDELINE MARY PERIS

Date : 1.2.2003 **Time 4.30 p.m. - 5.30 p.m.**

S.No.	Session-IV Hall	Name	Title of the Paper
1.	OP - IV - B	P. NAGENDRA PRASAD & S. KALYANARAMAN (Alwar Kurichi)	Anti Bacterial Activity of *Costus Speciosus* Rhizome extract on Pathogenic Bacteria.
2.	OP - IV - B	P. SAROJINI DEVI & SARADA VASANTH (G.S.M.C., Chennai)	*In Virtro* Anti- Tubercular Study on Komoothira Silajathu. (Asphaltum).
3.	OP - IV - B	SARADHA VASANTH (CRIS, Chennai)	Unique Plants in Siddha System of Medicine-Chemistry and Biology.
4.	OP - IV - B	M. PITCHIAH KUMAR (G.S.M.C., Palayamkottai)	A Short Communication Description of Uric Acid Crystals in Traditional Siddha Literatures.
5.	OP - IV - B	R. BRINDHA (PARC, Chennai)	Use of Information Technology In Documentation, Networking and Research in ISM.
6.	OP - IV - B	S. AKILANDESWARI et al. (Periyar College of Pharmacy, Trichy)	Anti Microbial Activity of Leaf Extracts of Sida acuta Burm.
7.	OP - IV - B	MUHSEENA DINESH. K.S. (G.A. College, Trivandram)	Understanding of Sookshma mana in Clinical Parlance.

AMUDHAKALASAM SIDDHA LITERARY RESEARCH CENTRE

SESSION - IV - HALL - II

APPLIED SCIENCES

CHAIRMAN : THIRU. NARAYANAPPA
CO-CHAIRMAN : T. ANANDAN

Date : 1.2.2003 **Time 4.30 p.m. - 5.30 p.m.**

S.No.	Session-IV Hall - II	Name of the Autor(s)	Title of the Paper
1.	OP - IV - C	Dr. RAMAKRISHNAMACHARYA (AAGHIM, Chennai)	Role of Practitioners of Indian Medicine in National Bio-Diversity and Herbal Medicine.
2.	OP - IV - C	R. PERUMAL SAMY & IGNACIMUTHU (Loyola College, Chennai)	Anti Bacterial Properties of some Traditional Medicinal Plants used by tribal in Southern Tamilnadu, India.
3.	OP - IV - C	SETHURAMAN (Thiruvarur)	Siddha Maruthuvam Oru Vingyana Muraiyagum (Tamil).
4.	OP - IV - C	P. SUMATHI & R. SEETHARAMAN (RRS, Paiyur)	Usage of Medicinal Plants among the tribals at Javadhu Hills of Tamilnadu.
5.	OP - IV - C	SUNDARAM.S. & MISS. GEETHA (JCET, Dharmapuri)	Will the Bio Censor map the Future of Bio Medical and allied Science?.
6.	OP - IV - C	S. SIVALOKANATHAN & M. ILAYARAJA et al. (IBMS, Chennai)	*In Vitro* Anti Plasmodial activity of *Vitex negundo* Linn.
7.	OP - IV - C	S.T. VENKATESWARAN (AAGHIM, Chennai)	Understanding Obesity.
8.	OP - IV - C	SRIPATHY & Dr. S.P. THIAGARAJAN (IBMS, Chennai)	Geographical and Seasonal Variation of *Phyllanthus amarus* Versus its clinical efficacy.

AMUDHAKALASAM SIDDHA LITERARY RESEARCH CENTRE

SESSION - V - AUDITORIUM

STANDARDIZATION

CHAIRMAN : DR. A. SARASWATHI
CO-CHAIRMAN : PROF. DR. S. ESWARAN

Date : 2.2.2003 **Time 9.30 a.m. - 10.30 a.m.**

S.No.	Session-V Auditorium	Name	Title of the Paper
1.	OP - V - A	MRUDULA KULKARNI & PANSA et al. (Pune)	Characterization of Raupya Bhasma by Using Modern Analytical Techniques.
2.	OP - V - A	E. SASIKALA & SARADHA VASANTH et al. (CRIS, Chennai)	Standardization of *Premna tomentosa Willd.*
3.	OP - V - A	J. ASOKAN & GOWHAR SULTANA (RRIUM, - Chennai)	Botanical Standardization of Medicinal Bark of ISM Formulations. - *Thespesia populnea.*
4.	OP - V - A	G.V.R. JOSEPH & NAMBOODIRI (CRI (AYUR), Kerala)	Standardization of Herbal Drugs used in the Indian System of Medicine.
5.	OP - V - A	G. SEENTHIL VEL (RHHC, Chennai)	Diarun - A Herbal Food Supplement for Diabetes Mellitus.
6.	OP - V - A	L. SIVAKUMAR & SENTHIL KUMAR (SKM, ERODE)	Management of Efficacy and Drug Safety.
7.	OP - V - A	A. SARASWATHI (CSMDRA, Chennai)	Studies on the Market Sample of Agaru.

AMUDHAKALASAM SIDDHA LITERARY RESEARCH CENTRE

SESSION - V - HALL - I

STANDARDIZATION

CHAIRMAN : S. THIRUNAVUKKARASU
CO-CHAIRMAN : A.M. ABDUL KHADAR

Date : 1.2.2003 **Time 9.30 a.m. - 10.30 a.m.**

S.No.	Session-IV Hall - I	Name	Title of the Paper
1.	OP - V - B	DHANASEKARAN & PANNER SELVAM (APCS, Kalavai)	Two Way system of Utilization of Pineapple Waste is easy to decrease the protein insuficiency. Will it possible?.
2.	OP - V - B	R. VENKATARAMAN & S. GOPALAKRISHNAN et al. (SPC, Alwarkurichy)	Polarographic Determintation of Phytochemicals Isolated from Traditional Medicine for Jaundice.
3.	OP - V - B	M. RADHIKA & P. BRINDHA (A.A.G.H.I.M, Chennai)	Standardisation of Taleesadi Choornam .
4.	OP - V - B	V. HABIBULLAH (GUMC., Chennai)	Scientific Evaluation of Asaroon *(Valeriana wallichi).*
5.	OP - V - B	P. VENKATESWARAN (G.S.M.C, Chennai)	A Preliminary Step in Standardisation of Sulphur used in Siddha Drug Preparations.
6.	OP - V - B	SANJEEVI RAMASAMY & Dr.S. THIRUNAVUKKARASU (Chennai)	Cultivation Practises of *Indigofera tinctoria* Linn. (Avuri) by Novel Methods. (By using organic fertilizers).
7.	OP - V - B	RAMPRATAP MEENA, A. RAMASAMY & GOWHER SULTANA (RRIUM, Chennai)	Standardisation of Unani Compound Drugs with reference to LAOOQ-E-SHAMOON.

AMUDHAKALASAM SIDDHA LITERARY RESEARCH CENTRE

SESSION - V - HALL - II

APPLIED SCIENCES

CHAIRMAN : K. NATARAJAN
CO-CHAIRMAN : C.V. CITTIBABU

Date : 2.2.2003 **Time 9.30 a.m. - 10.30 a.m.**

S.No.	Session-V Hall - II	Name	Title of the Paper
1.	OP - V - C	Dr. ANOOP AUSTIN (Thirunelveli)	Role of Information Technology In Documentation Networking and Research in ISM.
2.	OP - V - C	Dr. S. RADAHA KRISHNAN (Chennai)	Common Concept in Pulse.
3.	OP - V - C	Dr. N. VENKATAPPAN (G.S.M.C., Palayamkottai)	Siddha Maruthuva Gunapada Paadalkalil Marai Porutkal.
4.	OP - V - C	R. RAJKUMAR & R. SUBBULAKSHMI et al. (KMSH, Trichy)	Anti Bacterial Sensitivity of *Moringa concanensis Nimmo* Ex Daizell & Gibson.
5.	OP - V - C	C. ELEZA & RAJAMOHAN et al. (G.S.M.C., PALAYAMKOTTAI)	A Mineralogical Study on Pooneeru.
6.	OP - V - C	S. JEGAJOTHI PANDIAN & RAMALAKSHMIAMMAL (CRIS, Chennai)	Athithoola Rogam (Obesity) & Its Management Through Natural Products.
7.	OP - V - C	M. MD. SULTAN (Manaparai, Tamilnadu)	"AIDS" Puthia Peyaril Palayavai (Tamil).
8.	OP - V - C	P. K. SANTHAKUMARI (GAC, Thiruvananthapuram)	Management of Diabetic Retinopathy in Ayurveda with special reference to retinal Haemorrahge.

Prof. P. JEYAPRAKASH NARAYANAN,
CO-ORDINATOR-SCIENTIFIC COMMITTEE

AMUDHAKALASAM SIDDHA LITERARY RESEARCH CENTRE

POSTER PRESENTATION

SESSION - I

Date : 1.2.2003 **Time 10.00 a.m. - 1.00 p.m.**

S.No.	Session-I Hall - II	Name of the Autor(s)	Title of the Paper
1.	PP - I - 1	DR. T. UDAYA MARTHANDAN C. MAHADEVAN (Nagercoil - 629002, Tamil Nadu, India)	Effect of Mathumega Choornam Tablet with Thribala Choornam Tablet and Neem leaf juice on the growth of some urinary stone Crystals.
2.	PP - I - 2	DR. N. DHANARAJ Erode.	எய்ட்ஸ் நோய்க்கு சதுர் யோகம்.
3.	PP - I - 3	DR. H. MUBARAK, M. CHITRA, S. HARIHARAN, DR. SELVAMOORTHY.G and DR. F. ADAM ANNAVI (Dharmapuri)	A Clinical Trial report on Kalanjagapadai.
4.	PP - I - 4	DR. E. SUNDER MOORTHY (Bangalore)	AIDS Management
5.	PP - I - 5	Dr. C. SAVARIRAJ SAHAYAM (Pudukottai)	Siddha Medicine for Children's diseases.
6.	PP - I - 6	Dr.M.MEENAKSHI SUNDARAM (West Tambaram, Chennai - 600 044)	Paediatric Health care in Siddha system of Medicine.
7.	PP - I - 7	Dr. S.T. PHUNISOG & PADMA GURMET (CCRAS) Leh - Ladakh 194101	Role of Amchi (Tibetian) Medicine for Public Health in Himalayan Regions.
8.	PP - I - 8	DR. (Mrs.) QAMAR.A.KAZMI MUHKTAR HUSAIN HAKIM (Aligarh.)	Management of Pregnancy Induced Hypertension by Khameera Khashkash.
9.	PP - I - 9	Dr. HUMAIRA BANU, Q.A. KAZMI and TAHSEEN FATIMA (Aligarh.)	Efficacy in Safoof-e-Istchana Jadeed in Dysfunctional uterine Bleeding

AMUDHAKALASAM SIDDHA LITERARY RESEARCH CENTRE

10.	PP - I - 10	ASIF IQBAL SIDDIQUI, SANJAY KUMAR PANDIYA, NAFIS AHMAD QUASMI and WAHAD-UR-RAHMAN (Hydrabad.)	Anti Oxidative Potential of some Unani Non Pharmacopoeal Preparations in the Treatment of Osteo-Arthritis (Tahajjar-Ul-Mafasil).
11.	PP - I - 11	Dr. RAMAKRISHNAMACHARYA (Arumbakkam, Chennai - 106)	Panchakarma Vs General treatment in Amavata (Rheumatoid Arthritis).
12.	PP - I - 12	Dr. AHMED MANZOOR, ZAHEER & G. SULTANA (Chennai)	Clinical trial with coded Unani Drug UNIM-301 & UNIM 305 In the treatment of Waja-ul Mafasil (Reumatoid Arthritis)
13.	PP - I - 13	Dr. P. RAJKUMAR, (Madurai-16)	AIDS
14.	PP - I - 14	Dr. EUGENE WILSON, M.D (S) (Guduvancheri)	Kuthikal Vatham.
15.	PP - I - 15	Dr. P. SRI PAPPI, M.D. (S)	Management Aspect of Siddha System of Medicine
16.	PP - I - 16	Dr. G. SELVAMOORTHY & H. MUBARAK (Dharmapuri)	Management Aspect of Siddha System of Medicine Curative remedy for Padarthamarai
17.	PP - I - 17	H. MUBARAK and Dr. G. SELVAMOORTHY (Dharmapuri)	Perunchirangu - A Clinical trial report
18.	PP - I - 18	Dr. S. ILANGO, (Coimbatore - 4)	Miracle cure of Diabetes Mellitus

AMUDHAKALASAM SIDDHA LITERARY RESEARCH CENTRE

POSTER PRESENTATION
SESSION - II

Date : 1.2.2003 **Time 02.00 p.m. - 05.00 p.m.**

S.No.		Name of the Autor(s)	Title of the Paper
1.	PP - I - 1	R. RAVI, R. BINOKINGSIX, T.N.K. SURIYAPRAKASH, S. SATHESH KUMAR, S.M. SIVAKUMAR, R. VENKATANARAYANAN, S. VENKATESAN, (Sivakasi - 626130, Tamilnadu)	Anti Bacterial and Anti Eungal Activity of Root Extracts of Mollugo oppositifolia. Linn
2.	PP - II - 2	Dr. R. CHITRA E. VADIVEL 1. Paiyur. 2.TNAU, Coimbatore	*In Vitro* Studies in *Phyllanthus* amarus Schum and Thonn.
3.	PP - II - 3	Dr. S. MANIKANDAN N. SUTHANTHIRARAJAN AIMPGIBMS, Taramani, Chennai - 600 113.	Anti Stess or Effect of *Acorus calamus* in Aibino Rats.
4.	PP - II - 4	M. GOPALAKRISHNAN, D.N. PRIYADHARSHINI, K.V. VAITHEWARAN et.al	Scientific Validation of a Siddha Drug Manathakkali - A Pilot Study
5.	PP - II - 5	NARESHTONDARE Dr. M.S. DODDAMANI (Bellary - 583101)	Role of Modern and Advanced Techniques Like HPT:C in the Standardization of ISM Drugs.
6.	PP - II - 6	Dr. S. AMERJOTHY (Chennai - 600 005)	Crystallographic Profiles and Botanical Standardization of Phytodrugs.
7.	PP - II - 7	P. ARUMUGAM, G. KATHIRAVAN, V. BHUVANESWARI J. MUTHUMARY (Chennai - 35)	Studies on Endophytic Isolates of *Botryodiplodia Theobromae* Pat from Medicinal Plant.

AMUDHAKALASAM SIDDHA LITERARY RESEARCH CENTRE

8.	PP - II - 8	S. SHANTHI Erode.	A Literary Review of Thiripala Chooranam.
9.	PP - II - 9	Dr. ASIF ANSARI M.D (FINAL) WASHABUR REHMAN (G.N.T.C, Hydrabad)	Standardisation and Uniformity of ISM Drugs.
10.	PP - II - 10	Dr. M. SUBATHRA & C. PANNEERSELVAM (Taramani, Chennai - 600 113)	Brain Deteroriation in Aged Rats Efficacy of Centella asiatica.
11.	PP - II - 11	Dr. R. SUBRAMANIAN (Chennai - 600 024)	WHO Guidelines on Standardization of Medicinal Plant Material.
12.	PP - II - 12	Dr. P. BRINDHA & Dr. A. SARASWATHY Chennai - 600 106.	Micromorphological Studies on Venpoosani.
13.	PP - II - 13	Dr. P. BRINDHA Dr. A. SARASWATHY Dr. S. MAGESWARY (CCRAS) Chennai - 600 106.	Powder Microscopy of Amukkara Chooranam.
14.	PP - II - 14	Dr. P. BRINDHA Dr. A. SARASWARTHY Dr. R. VIJAYALAKSHMI (CCRAS) Chennai - 600 106.	Micromorphological Standardization of *Phyllanthus Maderaspatensis,* LINN.
15.	PP - II - 15	Dr. S. TAMIZHARASI Dr. S. VENKATARAMAN (Taramani, Chennai - 600 113)	Hepato Protective Activity of *Corallo carpus epigaeus* (Rott & willd) Clarke in Carbon Tetra Chloride Induced Liver Damage.
16.	PP - II - 16	Dr. GANGADHARAM Dr. T. NARESH SHREEVATTSA and M.S. DODDAMANI Bellary - 583101 (Karnataka)	Standardisation of Chorna Kalpana W.S.R To Sitopaladi Churna.
17.	PP - II - 17	Dr. S. MUHAMMED FAROOQ Dr. D. ASHOKAN P. VARALAKSHMI Taramani, Chennai - 113.	Can Phycocyanin be effective against kidney stone formation A Study in Urolithic Rats.

AMUDHAKALASAM SIDDHA LITERARY RESEARCH CENTRE

POSTER PRESENTATION
SESSION - III

Date : 2.2.2003 **Time 10.00 a.m. - 1.00 p.m.**

S.No.		Name of the Autor(s)	Title of the Paper
1.	PP - III - 1	K. GOBIANAND, VICTOR RAJMOHAN, K. PRADEEP and S. KARTHIKEYAN, (Taramani, Chennai - 600 113, India)	Studies on Anti-Bacterial Activity of Different Extracts of *'Cassia Fistula'* Leaves
2.	PP - III - 2	Dr. C.S. MONY, C. SUSEELA BAI, Dr. N. CHELLATHURAI, and Dr. M. PETER MARIAN (S. India).	Impacct of "*Asparagus racemosus*" on Survial Growth and Reproduction in the Brine *shrimp artemia parthe nogenetil*
3.	PP - III - 3	Dr. M. SARUMATHI, NALINI DR. RAMAMURTHY, and DR. D. SAKTHI SEKARAN (Taramani, Chennai)	The In hibitory Effect of Pacitaxel Along with Tinospora cordifolia Linn.on Human Breast Cacer Cell Culture.
4.	PP - III - 4	Dr. A. MURALIDHARAN AND Dr. R. DHANANJAYAN. (Taramani, Chennai - 113)	Linalol - An Antimuscarinic Monioterpene from *"Ocimum basilucum"* Linn
5.	PP - III - 5	Dr. HAMEED.S.S. (Late) KHAN H.R. and HUSSAIN.S (IICT), Hyderabad.	Standardisation of Unani Drug "Sudab"
6.	PP - III - 6	S. VENKATESAN, V. SANKAR, and R. RAVI Coimbatore - 641004, India.	Anti-Fungal Activity of '*Eclipta alba*"
7.	PP - III - 7	SHOBITHA.M & SUTHANTHIRA RAJAN M.S Chennai - 113.	Learning and Memory Enhancing Effect of Oil 'Celastrus paniculatus A preliminary Study
8.	PP - III - 8	B. SUGANTHI. H.Q. Govt, Hospital Kumbakonam	Biochemical Study of 'Saantha Santhodaya' Pill to Prove its Efficay in Control of Pyrexia.

AMUDHAKALASAM SIDDHA LITERARY RESEARCH CENTRE

9.	PP - III - 9	Dr. ANOOPAUSTIN 31, PERUMALPURAM TIRUNELVELI - 627007 TAMIL NADU, INDIA	Chemical Standardisation of Rasha Chendooram Number - I.
10.	PP - III - 10	Dr. CHARUSHEELA Dept of D.G / Agad SJSAC Chennai - 602 103.	Scope of Indian Herbs & ISM Concepts in the Emerging Field of Nutracenenticals
11.	PP - III - 11	N. MUTUKRISHNA VENI, K. NATARAJAN,	Anti-Biotics and Siddha Medicine
12.	PP - III - 12	S. SHAN THI, Erode Head Quarters Govt, Hospitals, Erode.	*Phyllanthus emblica* - A Potent Anti Oxidant
13.	PP - III - 13	K. ANBARASU, Govt. Hospital Mannachanallur Trichy. Dt.	A scope for Antiviral Drugs in Siddha System of Medicine
14.	PP - III - 14	N. PUNNIAMURTHY, Veterinary and Animal Sciences Thanjavur - 613 006, India	Ethno Veterinary Medicine (EVM) Use of Fresh Herbal Extracts Underfields conditions for primary veterinary health care
15.	PP - III - 15	MAREESWARAN.R & GOWHER SULTANA (Regional Research Institute of Unani Medicine, Chennai).	Medicinal Plants used in Unani System of Medicine and its Distribution in Dindigal Forest Division - T.N.
16.	PP - III - 16	MILIND PARLE & DINGRA (Haryana, India.)	Potential of Ascorbic Acid As A Memory Enchancer.
17.	PP - III - 17	Dr. K. KOOTHARASAN, Govt. Primary Health Centre Dharmapuri	NutraCeuticals and Herbs.
18.	PP - III - 18	IQBAL, A. QASMI, GHUFRAN AHMAD, NAEEM, A. KHAN Dept of Ilmul Advia, Aligarh - 202 002.	Scope of Unani Concept in the Emerging Field of Nutra Centicals

AMUDHAKALASAM SIDDHA LITERARY RESEARCH CENTRE

19.	PP - III - 19	Dr. K. PANNEER SELVAM, A.K. MANI, Et-al Forest College, Research Institute, Mettupalayam-641301.	Documentation (Indigenous Knowledge) of *'Aloe Vera'* Linn. used by Indegenous People(Irula Tribal Community) In Trichy Dt. of T.N.
20.	PP - III - 20	Dr. THIRUGNANA SAMBANTHAM E. MAYISUREN, S. ASOKAN ROHINI GLOBAL, Chennai-40.	Prospects & Retrospects of Indian Herbs in Neutraceuticals
21.	PP - III - 21	Dr. S. GOVINDARAJ, Govt Primary Health Centre, Aathanakottai, Pudukkottai Dt.	Standardisation of Indian Drugs for Maintaining the Quality & Uniformity
22.	PP - III - 22	M. NALLATHANMBI, Govt. Hospital, Mettupalaym, Coimbatore Dt.	God's Own Healing System of Medicine.

AMUDHAKALASAM SIDDHA LITERARY RESEARCH CENTRE

POSTER PRESENTATION

SESSION - IV

Date : 2.2.2003 **Time 2.00 p.m. - 5.00 p.m.**

S.No.	Session-V	Name of the Autor(s)	Title of the Paper
1.	PP - IV - 1	DR. M.B. YELNE, T.J. DENNIS, P.C. SHARMA (Kothrud, Pune - 411038)	Potential Medicinal Plants for Immuno Physiological Disorders
2.	PP - IV - 2	Dr. C. CHANDRAKALA, D. NARASIMHAN and C. LIVINGSTONE, (Tambaram, Chennai - 600 059.)	Botany of Homeopathic Medicine a premliminary Study.
3.	PP - IV - 3	Dr. MANIVANNAN, (Govt. Head Quarters Hospital, Trichy - 17.)	Scientific Studies on Indian System of Medicine.
4.	PP - IV - 4	Dr. V.C. GUPTA, Dr. S.J. HUSSAIN, Dr. MUSTAQASHMED, Dr. S. IMAM Hyderabad.	Unani Medicinal Plants Need for a National Strategy
5.	PP - IV - 5	Dr. C. SUSEELA BAI M. PETER MARIAN C. PRAGASA NITHYAVATHY D. GLORY KATNA MARY Nagercoil - 629001, Tamil Nadu.	Current Status of Native Wisdom in Situations of Health and Disease in Selected Villages of Vilavancode Taluk of Kanyakumari District, Tamilnadu.
6.	PP - IV - 6	Dr. MOHAMMAD KHALID, Dr. ASIF IQBAL SIDDIQUI Dr. BASHEER AHMAD, Dr. WAHABUR REHMAN	The role of Diagnostic Tool of Unnaini System of Medicine in Diagnosis.
7.	PP - IV - 7	A. VELUMAN and G. MUTHUKRISHNASWAMI, (Coimbatore.)	Who will Treat the World, in 2050 A.D?

AMUDHAKALASAM SIDDHA LITERARY RESEARCH CENTRE

8.	PP - IV - 8	Dr. G. GNANA SEKARI Dr. MANORAYA SRINATH, Dr. K. SIVAPRAKASAM, (LR & DD, Chennai-106.)	Use of Information Technology in Documenting Medical Information.
9.	PP - IV - 9	K. PANNEER SELVAM, M. JEYAPRAGASAM, Et-al (Mettupalayam-691301.)	Exploitation of Indigenous Knowledge on wild edible plants for hale and healthy life of mankind.
10.	PP - IV - 10	S. SHANTHI. (Govt, Hospital, Erode Head Quarters, Erode.)	Evaluation of Basic Principles of ISM and Providing it with system specific Diagnostic Tools.
11.	PP - IV - 11	Dr. SUBASH CHANDRAN SADHU RAJARAM PANJULU, (Tirunelveli, Medical College Hospitals.)	Rediscovery of Siddha System of Medicine.
12.	PP - IV - 12	Dr. S. SUNDARARAJAN, Dr. G. SUBASH CHANDRAN & Dr. L.V. PATHY,	Scientific Documentation of Siddha Literatures.
13.	PP - IV - 13	K. PANNEER SELVAM, M. JEYAPRAGASAM, Et Al. Mettupalayam-641301.	Use of Traditional Knowledge as Diagnostic Tools for Human Diseases.
14.	PP - IV - 14	Dr. V. LAKSHMIPATHIRAJ,	Siddha Medical Astrology

AMUDHAKALASAM SIDDHA LITERARY RESEARCH CENTRE

PRINCIPLES OF SIDDHA MEDICINE

Dr. J.R. Krishnamoorthy,
Member G.B. CCRAS, New Delhi, Member NIS.

"முன்னைப் பரம்பொருட்கும் முன்னைப் பழம் பொருளே !
பின்னைப் புதுமைக்கும் பேர்த்தும் அப் பெற்றியனே !"

O! Lord Siva! The Primordial! Thou art the Ancient of all creations! Again thou emerge the newel of all new discoveries!.

History :

RSH. Risley in his work " The people of India" says Deccan itself is one of the most ancient geological formations in the world since the dawn of history. The home of Dravids, the oldest of Indian race is, Gontvana known as Lemuria consisting of Sambu Navalam theevu, Kumarinadu - attained its name by river Kumari flowing through it. The first Tamil Academy 5000 yrs ago was convened by Nilamtharu Pandian at Madurai, which was destroyed by ocean. Later second Tamil Academy was started at Kapadapurm. This has reference in "Tholkappiam" ancient Tamil grammar 3000 B.C.

Ka.Appadurai a renowned historian and Tamil scholar says the culture of Tamil is the cradle of civilization".

Before the advent of Egyptian, Mesapatomian and Greek Medicine, Tamil Medicine was part of this civilization. There is no exact point of time to which the Era of medicine could be traced. They are eternal which has neither beginning nor end. They began with man for the mankind and will end with him.

Siddhi :

Siddh - means: " Simplicity, Unique, Ancient, Supreme and so on" says Tirumoolar.

Siddhi is state of Yoga. Siddhar means those who are in Yogic state,

AMUDHAKALASAM SIDDHA LITERARY RESEARCH CENTRE

1. Karma Siddhi - the life is felt only when there is activity. All living things follow this dictum. Karma means - activity.

2. Kaya Siddhi - Kayam refers to body. To preserve the body one has to get free from Physical and Mental illness. Kayakalpam means - Longevity of life.

3. Yoga Siddhi - This is attained by *Mani, Mantram and Marundhu. Thirumoolar's Thirumandirum says if you know the technique of preserving the body you can understand the secret of preserving the soul. The Tamils know how to preserve the body in healthy condition even before Vedhic period.

* Rasamani - Mercury is in solid state defying its liquid form by processing with herbs.

Anu theory of Miniature. Thirumandirum says creation starts life as a single cell then leading to, cell division and ultimate division and no division beyond this. According to Siddha, Anu is made of a constituent Pathy, the creator and Pasu the created. Both are in state of fusion by Pasam - Bondage.

This cellular theory is known as 96 Thathuvas. There is a quotation, which goes like this: "What is in the Macrocosm is imbibed in the Microcosm". If you understand this philosophy you can understand the Universal Creator. For creation, the fundamental forces are Vali [vayu] and Veli [akash]. The fusion takes place between Vali and Veli in different permutation and combination.

The Ayurvedic concept of creation is described from the lower strata i.e. Prithvi - Appu fusion i.e. Kapha, meaning the creative force, whereas Siddha concept of Thirumoolar says that creation is from Veli that means Akash down to Prithvi.

The creation is activated to life form by Vanni (or) Thee energy [heat] which generates warmth in the organism and protects the life force.

The three fold functions i.e. Creation, Protection (or performance) and Elimination are performed by Vali [Vayu], Azhal [Thejas] and Iyyam [Kapha] the last one is responsible for elimination.

AMUDHAKALASAM SIDDHA LITERARY RESEARCH CENTRE

The eliminated wastages are of two categories:

1. Uyir Malam (Aanavam, Mayai, Kamiyam)/

2. Udal Malam - excretion: faeces, urine, semen, menstrual discharge, perspiration, sputum and mucous discharge etc.

The 96 Thathvas are manifested in all living things. The creation takes place in the descending order from Paraparam the creator of universe and stay in the earthly life.

The earthly life ends and ascends to get fused with Paraparam, leaving the body as dead corpse. There are descriptions of 4448 diseases classified in Siddha Medical books.

The imbalance in the vital forces Vali, Azhal, Iyyam create diseased state of the body.

Diagnosis:

The physician understands the problem by following eight - fold - diagnostic procedure (Enn vagai thervu) : Nadi, Parasim, Na, Niram, Mozhi, Vizhi, Malam, Moothiram.

Therayar has written a treatise on urine examination known as Neer kuri, Nei kuri and Nira kuri.

Qualification of the Physician :

A maruthuvan should be a scholar in medicine, astrology and proficient in the languages of birds and animals and also the warning signals from the nature about the impending calamity.

Treatment:

The treatment starts from using parts of the plants like roots, leaves, flowers and administered in easily assimilable form like charu (juice), kudineer (decoction), powder, oil and ghee preparations and then finally a combination of metal and mineral according to the need.

AMUDHAKALASAM SIDDHA LITERARY RESEARCH CENTRE

The Efficacy of Herbs:

The herbal medicine undergoes processed standardization from the beginning of collection (northward running roots are considered rich in medicinal values). The collection time, season, location and so on are followed by strict traditional procedure till the drug is ready for administration.

Drug Administration:

Selection of appropriate drug is necessary for the management of pathological condition of the affected kutram(thosha) and the udal kattu (dhathu). Appropriate thunai marundhu (supporting vehicles) like honey, ghee, milk, leafy juice etc. are selected by the physician for the drug regime.

Pharmacy:

Purification of raw materials, finished drugs and vehicles are prepared in the pharmacy, which is run by the physician as part of his clinic.

"உற்றவன் தீர்ப்பான் மருந்து உழைச்செல்வான் என்று
அப்பால் நாற் கூற்றே மருந்து"

- திருக்குறள் 950

The four components of a medical unit are patient, doctor, medicine and pharmacist says Thiruvallur.

The preparations of Siddha formulations follow a regimental procedure starting from identification and purification, followed by processing with different types of herbal extracts over a long period and finally subjected to pudam (oxidation by heat process). Some of the medicines after purification itself develop certain therapeutic qualities even if administered through a simplified process. Sulphide of mercury, per chloride of mercury, sub chloride of mercury, arsenic, and metals like lead, copper, zinc, iron, tin are processed into parpam or chenduram. Some of the preparations with much higher processing are identified as Kattu (Gandhaka kattu), and Chunnam (veera chunnam).

AMUDHAKALASAM SIDDHA LITERARY RESEARCH CENTRE

The Efficacy of Drugs :

The secondary metabolites of the plants possess properties of Medicinal and other values, which are not useful to the plant's survival but indirectly helping the plants life-process. Plants are cultivated - for their medicinal value i.e. it helps to the survival of the vegetation.

Animals live on plants, which in turn take minerals, and metals from the earth for their survival. Earth is abundant with metals, stones with poisonous properties, salts, minerals and animal products. When they are used as Medicine, they are conditioned before they are processed as medicine.

Purification (Thooimai paduthudhal):

Metals are purified with herbs in the specified process and then converted to the medicinal form as parpam, Chenduram, Kattu and Kalangu. Kattu will neither lose its character nor will it be vaporized by heat or fire.

Therefore when the medicine kattu is administered in the system it never changes its character and remain inert but activates the herbal compound to interact with the disease factor and corrects the disease state of the Three Kutrams.

Metal- Mineral compounds:

Parpam - White ash (Gold is an exemption)

Chendooram - Reddish color

Chunnam - White - becomes red when combined with Turmeric

Rasavatham :

Conversion or transformation of copper, lead, tin into gold or silver.

Muppu :

Vaidhya muppu

Vatha muppu

AMUDHAKALASAM SIDDHA LITERARY RESEARCH CENTRE

Yoga muppu

Gnana muppu

Vaidhya muppu - is a preparation, which boosts the activity of the drug. It potentiates the prescription.

Yoga muppu, Gnana muppu - are supposed to be generated in the body itself which activate the life forever to perform better.

Vadha muppu - could be understood and practiced by those who dissociate themselves from materialistic life. There are still a few traditional Siddha families who are capable of preparing Vadha muppu.

Internal Medicines :

The internal medicines are also prepared after purifying ingredients. There are 32 different methods described in the Siddha pharmacopoeia as internal medicine process. These medicines are prepared from metals, minerals, salts, mercurial and herbs. Some of the simple procedure is followed during the preparations of medicines. This is not common for all the formulations, but differ according to the composition and the indication.

To name a few :

1. Pittaviyal
2. Thula enthiram- heating process
3. Thalithal
4. Surrukku koduthal
5. Kirang koduthal
6. Oothi eduthal
7. Erippu thittam
8. Thondhithal
9. Theeneer - distillation

AMUDHAKALASAM SIDDHA LITERARY RESEARCH CENTRE

10. Padhangam - Sublimation

11. Ceelaimann seithal

12. Thoithal

13. Seineer

14. Pudam

- an example of one of these preparations for its scientific validation is worth to mentioned here.

Preparation of Rasagandhi mezhugu : Ingredients : 1. Purified Mercury, 2. Sulphur equal weight.

They are ground in Seran kottai *(Semicarpus anacardium)* oil and after it reaches the wax consistency the whole material is pushed into a ripened coconut through one of the openings and the opening is finally closed. The full coconut is covered adequately with cowdung paste and finally the coconut is put into the fire. The coconut will explode by the heat thus given. Then in the next process, the shell is removed and the kernel and the medicine inside will be ground into a paste for seven days. This is the end product called Rasagandhi mezhugu. The surprising study on this preparation is that mercury is found compounded into a homogenous herbo-metal compound exhibiting no sign of mercurial toxicity after clinical administration. Such drug requires further validation, standardization and acceptance by utilizing the current research & medical technology. This drug is selected for on going trial for AIDS at the Govt. Institute of Thoracic diseases at Tambaram, Chennai, Tamilnadu.

The numbers of diseases are enumerated as 4448, which may be collectively or individually identified in Modern Science viz. diseases like Diabetes mellitus, Tuberculosis, Sexually transmitted diseases, Coronary diseases, diseases of the nervous system, Mental illness, Pediatric and Geriatric diseases and so on. Some of the surgical methods are also found in the literature on surgery in Siddha medicine. Cataract, Piles and Fistula are managed by surgery.

AMUDHAKALASAM SIDDHA LITERARY RESEARCH CENTRE

Hygiene and Preventive medicine :

There is a reference from Theraiyar, one of the Siddhars, which says "to prevent disease one should not withhold the urge for passing motion and urine and other Vegas (14). Buttermilk (Diluted curd) should be further diluted when used as beverage. Ghee is part of the Indian food. It is advised to use ghee only in the liquid state."

Detoxification of the system is advised twice in a year by induced vomiting and purgation. It is recommended to copulate twice a month. Oil massaging and oil bath twice a week and the food should share all the six tastes, i.e sweet, salt, bitter, hot, sour and astringent. It is advised strictly not to have sex during the daytime and also advised not to sleep during the day.

The causative factors of diseases are broadly ascribed to intake of food, desire and environmental changes.

Daily Life:

Waking in the early morning before sunrise is a compulsory dictum of all the healthy members in the family. For brushing the teeth, twigs from Neem, adventitious root of Pipal tree and the root of *Achyranthus aspera* are advised.

Environmental awareness is also stressed by Siddhars particularly during the epidemics of small pox, chicken pox, measles, viral hepatitis etc.

There is a separate literary work called Balavagadam, which deals with the diseases of children and their management.

Life style discipline:

Practice of certain religious conduct moulds the life of the common man who does not generally seek the assistance offered by vaidya. He is aware of the medicinal use of the herbs and other vegetations, which are abundantly available to him to manage common ailments.

AMUDHAKALASAM SIDDHA LITERARY RESEARCH CENTRE

Siddha education and research:

The Govt. of India, Govt. of Tamilnadu and Govt. of Kerala have established colleges in the states besides a few private colleges for teaching Siddha at the graduate and post-graduate level. The Tamil University at Thanjavur has PG department for Siddha, Literary and Documentation etc. The apex institute for Siddha Research, Central Research Institute (CRI) a unit of Central Council for Research in Ayurveda and Siddha (CCRAS) has brought out valuable research materials during the past 25 years in the field of literary, drug standardization and clinical research.

It is necessary and desirable to remain aware of the distinctive constellation of forces that operate in Medical systems in India. Here I wish to dwell on the two distinct forces viz. one traditional Indian system and allopathic modern medical system. The time tested systems of Medicine viz. Ayurveda and Siddha of our great country are the binding force of our culture and heritage over thousands of years. On the other side the Greek and Arabic systems of medicine showed marked evolutionary changes in all dimensions to be recognized as Modem medical science and with the advance of time developed into a global system of Medicine. While Ayurveda adopted the modem communication technology to its advantage with a massive literary support of bilingual scholars (English and Sanskrit) in the global forum, Siddha still lingers far behind to come out of its shell and to establish its strength, as Universal System of Medicine. While the Govt. of India and Govt. of Tamilnadu over 75 years tried to establish the identity of this unique system, the efforts do not keep pace with the march of time and technology.

Conclusion:

Many human health problems have taken different dimension, some even to alarming extent, during the last five decades, may be due to population explosion and environmental hazards. Modern science, in spite of vast resources of technology, faces embarrassing situations in the management of diseases like cancer, diseases related to immune system, mental illness, stress, migraine, pain associated clinical conditions, geriatric problems, and so on.

AMUDHAKALASAM SIDDHA LITERARY RESEARCH CENTRE

We know quite well that many stress related problems are relieved by yoga, or by adapting disciplined life style and food habits etc. Siddha, a science, which delivers materials and methods for longevity of life (Sagakalai), can help to eliminate many diseases and can ensure Health For All in this decade, joining mainstream of global health care programmes. Siddha medical institutions, practitioners and manufactures should tap the potential for Medical Technology expansion in health care, education, drug research, clinical research, nano technology, bioengineering and drug discovery.

The initiative taken by the organizers of this International conference of ISM, particularly the Commissioner of ISM, Govt. of Tamil Nadu, shall provide an opportunity for both ISM and Allopathic systems to interact and reposition themselves for the sustained growth of medical community to serve the humanity.

The integration of principles of ISM with Modern Medicine creates apprehensions. They are misplaced and misconceived. This concept should evoke obsessive interest and fervent passion in the minds of policy makers of future India.

'மாற்றமாம் வையகம்'

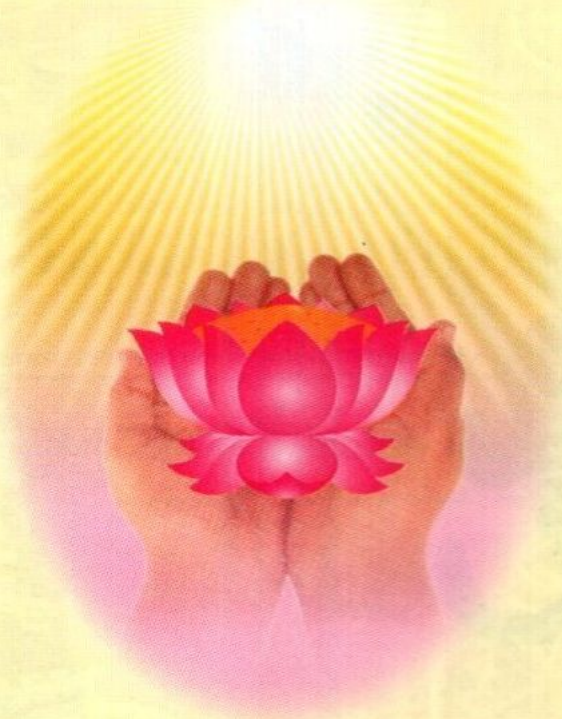
"Old order changeth yielding place to New".

I hope they will display courage, conviction and action, as propounded and evolved by successive ideologists of **SIDDHA PARAMBARA.**

AMUDHAKALASAM SIDDHA LITERARY RESEARCH CENTRE

Gurucharanam Saranam

The future mode of medicinal systems and ways of treatment would not be of todayísÖÖ It is beyond the limit of human thoughts now.



It is the Will of God.
Therefore,

By the Grace of God, a beginning is set from Santhigiri to a new code of Norms and Principles of Health Science Through the ancient and time tested Indian Systems of Medicine

Ayurveda and Siddha,

Always honouring and getting honored by all other sciences as well with Love.

This is the great vision of

NAVAJYOTHISREE KARUNAKARAGURU

The primordial GURU of the Supreme Will

SANTHIGIRI ASHRAM

The instrument and medium founded by GURU takes forward this Vision as its Mission

With the establishments:-

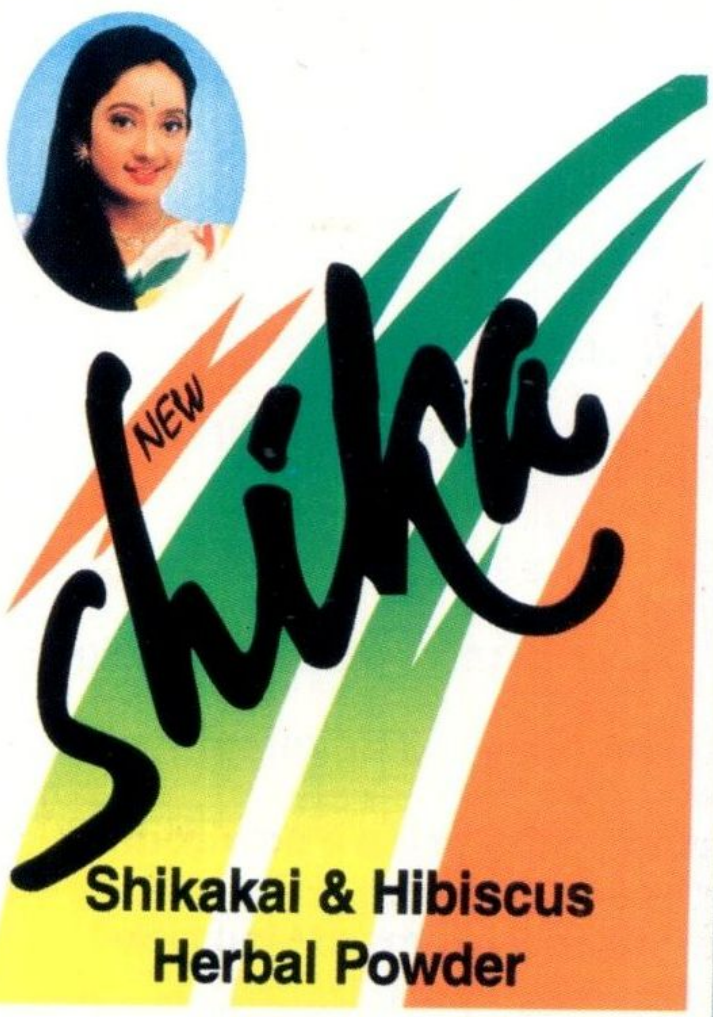
- SANTHIGIRI AYURVEDA & SIDDHA VAIDYASALA
- SANTHIGIRI GROUP OF HOSPITALS, PANCHAKARMA CENTERS & MOBLIE CLINICS
- SANTHIGIRI HERBAL GARDENS
- NAVAJYOTHISREE KARUNAKARAGURU RESEARCH CENTRE IN AYURVEDA & SIDDHA
- SANTHIGIRI SIDDHA MEDICAL COLLEGE
- SANTHIGIRI AYURVEDA MEDICAL COLLEGE

ÖÖÖÖ And this mission continuesÖÖÖ.

Santhigiri Ashram, Kollyacode P.O., Thiruvananthapuram ñ 695 607, Kerala, India
Ph. (0471) 419056/419313/419683/410870 Fax (0471) 419076/410508
E-mail : santhigiri@vsnl.com, santhigiri@satyam.net.in. Web : www.santhigiri.com

AMUDHAKALASAM SIDDHA LITERARY RESEARCH CENTRE

With Best Compliments from...



SHIKA COSMETICS

PERAPATTY - 626 189.

(Via) SIVAKASI.

Phone : 236059

AMUDHAKALASAM SIDDHA LITERARY RESEARCH CENTRE

திருச்சி மாவட்ட எய்ட்ஸ் ஆலோசனைக்குழு

எச்.ஐ.வி./எய்ட்ஸ்-க்கான

காரணங்கள்

- பாதுகாப்பில்லா உடலுறவு
- பரிசோதிக்கப்படாத இரத்தம்
- சுத்திகரிக்கப்படாத ஒரே ஊசியை பலரும் பயன்படுத்துதல்
- தாயிடமிருந்து குழந்தைக்கு பரவுதல்

தீர்வுகள்

- ஆணுறை பயன்படுத்துதல்
- பாதுகாப்பான இரத்தம்
- தன்னிச்சையாக பரிசோதனைக்கு உள்ளாவது
- பால்வினை நோயிலிருந்து பாதுகாப்பு

1. தேர்வு செய்யப்பட்ட ஊராட்சி மன்ற உறுப்பினர்களுக்கு பயிற்சி அறித்தல்
2. தொழிலாளர்களுக்கு விழிப்புணர்வு முகாம் நடத்துதல்
3. மகளிர் சுயஉதவி குழு, தன்னார்வு தொண்டு நிறுவன ஊழியர்கள் ரசகிர் மன்ற உறுப்பினர்கள், லாரி ஓட்டுனர் விழிப்புணர்வு முகாம் நடத்துதல்
4. ஒருங்கிணைந்த துறையை சேர்ந்தவர்களுக்கு பயிற்சி அளித்தல்
5. நாடகம் மற்றும் கண்காட்சி மூலம் சமுதாயம் விழிப்புணர்வு
6. மேல்நிலைப் பள்ளி மாணவர்கள் - கல்லூரி மாணவர்களுக்கு எய்ட்ஸ் பற்றி தகவல் மற்றும் கல்வி அறிவு பயிற்சி கட்டுரை - பேச்சுப்போட்டி நடத்துதல்
7. ஆணுறை பயன்படுத்துவதை ஊக்குவித்தல்
8. இரத்த தானம் பற்றி விழிப்புணர்வு நடத்துதல் இதற்காக மாவட்ட எய்ட்ஸ் ஆலோசனை குழு ரூ. 34 லட்சம் செலவில் திட்டங்களை செயல்படுத்த உள்ளது.

மரு. ரா. ராதாகிருஷ்ணன்
து.இ.ஆ.ப. திருச்சி

மரு. க. மணிவாசன், இ.ஆ.ப.
மாவட்ட ஆட்சித் தலைவர் திருச்சி.

AMUDHAKALASAM SIDDHA LITERARY RESEARCH CENTRE

With Best Compliments from

NATTURA BIO-CARE PVT. LTD.

Manufacturers and Exporters of
Ayurvedha and Siddha Products

Registered Office :
E-4, 56th Street,
Ashok Nagar,
Chennai - 600 083.
Tel : 24711081
E-mail : tanmed-india@yahoo.com

Factory at :
Plot nO. 1, Multi Industrial Nagar
Gerugambakkam,
Chennai - 602 101.
Tel : 23820269

Please Contact :
For ALL KINDS OF HERBAL EXTRACTS AND PASPAMS

With best compliments from

TANMED PHARMACEUTICALS

(Manufacturers of Pharmaceutical Ethical Products)
(Spare Capacity Available)
E-mail : tanmed@rediffmail.com

Factory :
No.3, Multi Industrial Nagar,
Gerugambakkam,
Chennai - 602 101.
Ph : 23820269

Office :
18, (New No. 32), Dr. Ambedkar Rd.,
Kodambakkam, Chennai - 600 024.
Ph : 24840536 / 24731976
Fax : 044-24731976

AMUDHAKALASAM SIDDHA LITERARY RESEARCH CENTRE

With best compliments from

VASAN MEDICAL CENTRE

No.1-E, E.V.R. Road
Puthur - Trichy - 17
Phone : 2792206

RAMJI SERVICE STATION

17/1A, Promenade Road,
Cantonment
Trichy - 620 001.

Dealers for :

Hindustan Petroleum Products

Trichy - 2414869

AMUDHAKALASAM SIDDHA LITERARY RESEARCH CENTRE

MERLIN NATURE CARE

5-H, Old Quarters, Avvai Nagar, Dharmapuri - 5. Tel : 233060

AYURVEDIC MEDICINES

Ayur Gel - Sy
For Hyper Acidity Peptic Ulcer

Bronchoparc-Sy
For Bronchial asthma, wheezing, whooping Cough

Bramithra-Sy & Cap
To Tone up memory Power

Calcuroparc-Sy, Calcurin - Cap
For Uro-genital disorders, Rental Calculi

Gyno-2000 Sy, Nuvogyn-Cap
For Ulerine Disorders

Hamber-Cap
For Aphrodiser, Vigour & Vitality

Koffsyp-Sy
For General & Initating All argic Cough (Sugar Free)

Livin-2000-Sy & Nuvoliv-cap
For reduce obesity

Lucodal - Cap
For leucodema. Vitiligo, acquired white patches

Nudryl-Sy & Cap
For General Cough

Mitavit-Sy
For Nutirtinoal Tonic, Hyper Tension & Anaemia

Pilo-Dan-Sy & Cap
For Piles & Fissures in ano

Rakthazone-Sy
Blood Purifier

Reliv Oil
All Pain care (Nature Oil)

Rumosyp-Sf-Sy-Rumagul-Cap
For Acute & Chronic Arthriltis

Sucranil - Sy & Cap
For Diabetic Patients to reduce Blood Sugar

Strezo-600 Cap - For General debility, Loss of Weight, Nutritive, Loss of Stamina

உளங்கனிந்த வாழ்த்துக்கள்

டாக்டர் P. நடராஜன்,
திருமதி N. உதயகுமாரி
செங்காட்டுப்பட்டி (அஞ்சல்)
துறையூர் (வட்டம்)
திருச்சி மாவட்டம்.

AMUDHAKALASAM SIDDHA LITERARY RESEARCH CENTRE

With the best compliments from :

Hahnemann Homoeo Medical

Door No. 11E, E.V.R. Road,
Puthur, Trichirapalli - 620 017. Tamilnadu

Mobile : 9842413343

எல்லா விதமான சித்தா, ஹோமியோ, ஆயுர்வேதா, யுனானி மருந்துகள், இம்காப்ஸ் மருந்துகளும், மற்றும் எல்லவிதமான மூலிகை பொடிகளும் குறைந்த விலையில் கிடைக்கும்.

AMUDHAKALASAM SIDDHA LITERARY RESEARCH CENTRE

With Best compliments from :

Your TVS Motor Company Dealer

PL. A. AGENCIES

14, Benwells Road, Cantonment,
TRICHY - 1. Ph : 2410361, 2410861

ஆவின்

திருச்சிராப்பள்ளி மாவட்ட கூட்டுறவு பால் உற்பத்தியாளர்கள் ஒன்றியம்,

திருச்சிராப்பள்ளி - 23. தொலைபேசி 333002-7

கடந்த 68 ஆண்டுகாலனமாக திருச்சி வழங்கி வருகிறது.

1. 500 கூட்டுறவு சங்கங்கள் மூலமாக சுமார் 1,72.000 விவசாய குடும்பங்களுக்கு மாதம் ஒன்றுக்கு ரூ.175 லட்சம் பால் பணம் பட்டுவாடா செய்கிறது.
2. சங்க உறுப்பினர்களின் கால நடைகளுக்கு மருத்துவ முகாம்கள், அவசர கால சிகிச்சை, செயற்கைமுறை கருவூட்டல் சினை பரிசோதனை, ஆவின் கலப்புத்தீவனம் வழங்குகிறது.
3. மானித்துடன் கூடிய கறவை மாட்டுக் கடன்கள் வழங்குகிறது.
4. திருச்சி, கரூர், பெரம்பலூர் மாவட்டங்களில் தினசரி 75,000 லிட்டர் பால் நுகர்வோருக்கு விநியோகம் செய்கிறது.
5. வெண்ணெய், நெய், பால்போடா, பால் பவுடர், நறுமணப்பால் மற்றும் மசாலா மோர் ஆகியவற்றை நியாயமான விலையில் நுகர்வோர்களுக்கு வழங்கி சேவை செய்கிறது.
6. ஆவின் பால் மற்றும் பால் பொருட்களை உபயோகித்து பால் உற்பத்தியாளர்கள் கூட்டுறவு ஒன்றியம் மற்றும் சங்கங்கள் வரை உதவிடுவீர்.
7. விசேடங்களுக்கு டோர் டெலிவரி செய்யப்படும்.

வா.தி. முருகப்பன்
நிர்வாக இயக்குநர்

டாக்டர் க. மணிவாசன்
தனி அலுவலர் / மாவட்ட ஆட்சித்தலைவர்

AMUDHAKALASAM SIDDHA LITERARY RESEARCH CENTRE

With best wishes from

Mullipadi **Dr. T.V. CHENNAKRISHNA IYER**

MEENATCHIAMMAL MEMORIAL HOSPITAL

Estd. 1983

Tel No. 04332 - 260853

SIDDHA AYURVEDA VAIDYA SALAI

Near Town Bank No.18/1, Agraharam,
Manapparai - 621 306.

Ayurveda Consultant

Dr. G. SUBHARAMAN

The 19 Years Service Rendaring by Our Hospital with the help of the Public and we pray the God to get Wishes and sucess.

Our merits are judged not by the Effects we puts But by the result we produce

Consulting Time :

Morning 9.30 to 2.00 Evening 4.00 to 9.00
Saturday Morning & Sunday fully Holiday

You may get medicine by Post

AMUDHAKALASAM SIDDHA LITERARY RESEARCH CENTRE

With Best Compliments from

KRISHNAMACHARYA YOGA MANDIRAM

New No. 31, Fourth Cross Street,
R.K. Nagar, Chennai - 600 028
Email : admin@kym.org. Web : www.kym.org

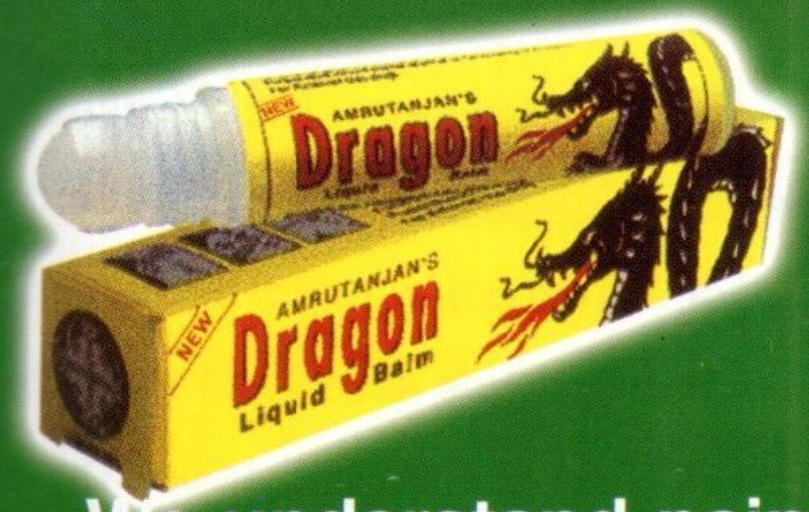
BROOKLAND LABS.,

PHARMACEUTICAL MANUFACTURERS,
31, Pillaiyar Kovil Street, Yagappa Nagar, Thanjavur - 613 007.

PRODUCT LIST

Broosis. Oral Liquid	:	Type of Skin Disease like Psoriasis, Ring Worm Etc.
Gynesol	:	A Dependable Uterine Sedative & Tonic
Broodil	:	A Non Toxic Non Sedative Cough Syrup
Serpenil - Capsules	:	A Safe Maintenace Theraphy for mild to hyper tension
Broofilar	:	Filariasis and tropical Eosinophilla
Lividon - 77	:	For the effective of digestive disorders & H dysfunctions.
Brooby - Baby Tonic	:	For the common Digestive Disorders Encochildren and Infants
Diabin - Capsules	:	A valuable remedy in the treatement of Diabetes Mellitus
Broorin - Capsules	:	Keep the joints in action with Broorin Capsules when swelling and pa imparts the mobility
Pregnosal - 300 Capsules	:	Unpleasent days on the threshold of mother - hood become safe pregnosal - 300
Broo menforte Capsules	:	Incredible retention power in sexualhappiness broomen forte

AMUDHAKALASAM SIDDHA LITERARY RESEARCH CENTRE



We understand pain

For every ache and pain

Amrutanjan is a name
trusted for over 100 years,
The range includes
Amrutanjan Pain Balm,
Amrutanjan Strong
and Dragon Liquid Balm
which offers relief
from all aches and pains.

TRUSTED FOR 100 YEARS

AMRUTANJAN

AMUDHAKALASAM SIDDHA LITERARY RESEARCH CENTRE

ATOZ
PHARMACEUTICALS PVT. LTD.

MULTIDIMENSIONAL
ANALYTICAL CARE

ACCREDITATED BY NABL
[National Accreditation Board for testing and calibration Laboratories, Department of Science And Technology]

- WIDEST RANGE OF HIGH PERFORMANCE LIQUID CHROMATOGRAPHY

  UV / RI / AMPEROMETRIC / FLUORESCENCE DETECTORS
- GAS CHROMATOGRAPHY
- FOURIER TRANSFORMATION INFRA RED SPECTROPHOTOMETER
- ATOMIC ABSORPTION SPECTROPHOTOMETER
- ENVIRONMENTAL TEST CHAMBER FOR ACCELERATED AND REAL TIME STABILITY STUDIES
- TITRATIONS BY AUTOMATIC TITRATORS
- MELTING POINT * MELTING RANGE BY VISUAL MELTING POINT APPARATUS
- MICROBIOLOGY AND HOST OF TESTING EQUIPMENTS
- ALL EVIDENCES OF ANALYSIS TO CUSTOMERS

ATOZ Pharmaceuticals Pvt. Ltd.
12, Balaji Nagar Ambattur, Chennai - 600 053, Phone : 658 58 11 / 658 58 55
E.mail : omsoc@md2.vsnl.net.in URL : www.atozlabs. com

Analytical Services + + +

AMUDHAKALASAM SIDDHA LITERARY RESEARCH CENTRE

UNANI SYSTEM OF MEDICINE

S.K.KHADRI,
Former Director of Indian Medicine, Govt. of Tamilnadu

Unani a traditional system of Medicine along with Ayurveda and Siddha had flourished in India for centuries and made significant contributions towards fulfilling the medical needs of the people. However during the British rule, health care delivery system in India was mainly dominated by the western system of medicine due to official patronage to this system. But since independence the indigenous systems of medicine gained considerable momentum. At presert the Unani system of medicine with its own recognised practitioners, hospitals and educational and research institutions forms an integral part of the national health care delivery system.

As the name suggests, the Unani system of medicine owes its origin to Greece. Though its theoretical framework is based on the teachings of Hippocrates (460-377 BC) and Galen (131-210 AD), the Arabs gave it a scientific base and developed it into an elaborate medical system. This system is practised with popularity in different parts of the world where it is known with different names such as Arab Medicine, Greco-Arab Medicine, Ionian Medicine, Islamic Medicine, Traditional Medicine, Oriental Medicine etc.

By imbibing what was best in the contemporary systems of traditional medicine in Egypt, Syria, Iraq, Persia, India, China and other Far East and Middle East countries, the Unani Medicine enriched itself. It also benefited from the native medical systems of various parts of Central Asia. In India Unani system of medicine was introduced by the Arabs and it took firm roots in the soil.

Unani Medicine established that disease was a natural process and that its symptoms were the reaction of the.body to the disease and that the main job of the physician was to help the natural forces of the body. Hippocrates who laid the foundation of the Unani system of medicine was the first physician and only one on record to introduce the method of taking medical histories. The well known humoral theory of Unani system is also his chief contribution to the medical realm. While Hippocrates systematized medicine and gave it the status of

AMUDHAKALASAM SIDDHA LITERARY RESEARCH CENTRE

science, Galen stabilized its foundation on which Arab physicians like Rhazes (850 - 925 AD) and Abu Ali Ibn -e-Seena(Avicenna)(982 - 1037 AD) built an imposing edifice. Hakim Ajmal Khan (1864 -1927 AD) in India championed the cause of the Unani medicine in the east.

The Humoral Theory:-

The Unani system of medicine is based on the Humoral Theory. This theory recognises the presence of four humors in the body namely Blood (Dam), Phlegm (Balgham), Yellow bile (Safra) and Black bile (Sauda). The human temperaments are accordingly termed, as sanguine, phlegmatic, choleric and melancholic according to the preponderance in them of humors-blood, phelgm, yellow bile and black bile respectively. The humors themselves have temperaments - blood is hot and moist, phlegm is cold and moist, yellow bile hot and dry and black bile is cold and dry.

Every individual is supposed to have a particular humoral constitution which represents his healthy state. The maintenance of a proper humoral balance is essential to maintain proper health. This power of preservation of humoral balance in the body is called Quwwat - e- Mudabbira (medicatrix naturae). In Unani medicine a great reliance is placed on this power because if this power weakens, humoral imbalance is bound to occur leading to disease. The medicines used in Unani system help the body to retain its power to an optimum level to restore humoral balance and ultimately health. Emphasis is also laid on proper diet and digestion.

Methods of Diagnosis :-

Emphasis on diagnosing a disease through Nabz(pulse) is a distinctive feature of Unani system of medicine. Other method of diagnosis include examination of Baul (urine), Baraz (stool) etc.

Prevention of Disease :-

The influence of ecological conditions on the state of human health is recognised by the Unani system of medicine. The Unani system aims at restoring the equilibrium of various

AMUDHAKALASAM SIDDHA LITERARY RESEARCH CENTRE

elements and faculties of the human body. It has laid down six essential pre-requisites for the prevention of diseases and places great emphasis on the maintenance of proper ecological balance on one hand and on keeping water, food and air free from pollution on the other. These essentials known as Asbab-e-Sitte Zarooriya are air, food and drinks, bodily movements and repose, psychic movements and repose, sleep and wakefulness and excretion and retention.

Therapeutics:-

Various types of treatments are employed in Unani system of medicine which include Ilaj bit-Tadbeer (regimental therapy), Ilaj bil-Ghiza (dietotherapy) Ilaj bid-Dawa (pharmacotherapy) and Jarahat (surgery). The regimental therapy includes venesection, cupping, diaphoresis, diuresis, Turkish bath, massage, metastasis, cauterization, purging, emesis, exercise, leaching etc. Dietotherapy aims at treating certain ailments by administration of specific diets or by regulating the quantity and quality. Pharmacotherapy deals with the use of naturally occuring drugs, mostly herbal, though drugs of animal and mineral origin are also used. Surgery has also been a part of Unani medicine for a long time and ancient physicians of Unani medicine were pilots in this field and had devised their own instruments and techniques though presently only minor - surgeries are done in Unani.

Unani system prefers single drug or their combination in raw forms over compound formulations. The materia medica of Unani Medicine being vast, its medicines are easily procurable as they are available locally. The naturally occurring drugs used in this system are symbolic of life and are generally free from side effects. Occasionally when drugs which are toxic in crude form are used, they are processed and purified in many ways before use. Unani physicians encouraged polypharmacy and devised large number of polypharmaceutical recipes. Although general preference is for single drugs in Unani Medicine, compound formulations are also employed in the treatment of various complex and chronic disorders. Since the stress is on the temperament of the individual, the medicines administered are calculated to go well with the temperament of the patients thus accelerating the process of recovery and also eliminating the risk of drug reaction.

AMUDHAKALASAM SIDDHA LITERARY RESEARCH CENTRE

Research :-

In India Hakim Ajmal Khan in 1920s originally perceived the concept of research in Unani system of medicine. A versatile genius of his time, Hakim Ajmal Khan realised the importance of research and he spotted Dr.Salimuzzaman Siddiqui, an eminent chemist to materialise his dreams. Dr.Siddiqui's discovery of the medicinal properties of a plant commonly known as Asrol (Pagal Booti) led to sustained research which established the efficacy of this plant which is well known as *Rauwolfia serpentina*, in neurovascular disorders and hypertension, insanity, schizophrenia, hysteria, insomnia, psychosomatic disorders. Similary research is going on in the Unani system not only in India but also in other countries on various diseases and medicines.

AMUDHAKALASAM SIDDHA LITERARY RESEARCH CENTRE

INTEGRATION OF INDIAN SYSTEMS OF MEDICINE AND INTERFACE WITH MODERN MEDICINE

Jayaprakash Narayan,
Chairman, Registration committee,Central Council of Indian Medicine, New Delhi

India is one of those countries in the world where traditional medicines have found their use in well-developed systems of medicine. India is the only nation where various systems of traditional and indigenous medicine (ISM) such as Ayurveda, Siddha, Unani, Yoga and Naturopathy are recognized by separate acts in Parliament and are given direct government patronage and supervision in the field of legitimate practice with full authority and powers as those enjoyed by registered practitioners of conventional medicine. In spite of powerful contemporary medicine, which has made tremendous progress in the synthesis of several prompt acting medicines and precise instruments of diagnosis, all the above systems are still popular and their physicians are being consulted in various acute and chronic diseases. These systems, under the nomenclatures of traditional medicine (TM) and complimentary and alternative medicine (CAM) attract the full spectrum of reactions – from uncritical enthusiasm to uninformed skepticism. Yet the use of these traditional medicines remains wide spread in developing countries. While use of complimentary and alternative medicine is increasing rapidly in developed countries. In many parts of the world, policy makers, health professionals and the public are wrestling with questions about the safety, efficacy, quality, availability preservation and further development of this type of health care.

This presentation will explore the need for integrative medicine, as well as acknowledge that integrated medicine is not truly a new phenomenon. It will include a discussion of what is important to patients, clinicians, researchers and purchasers.

Although many users and practitioners of CAM are opposed to the theories and practices of conventional medicine, there are many ways that CAM can support and improve conventional medicine. Some of the ways in which this can be done will be explored in this presentation. It will also highlight two other important aspects related to the future of CAM:Health services research and medical education.

AMUDHAKALASAM SIDDHA LITERARY RESEARCH CENTRE

STANDARDISATION OF INDIAN SYSTEMS OF MEDICINE: A MULTIPISCIPLINARY APPROACH

S.P. THYAGARAJAN,
Professor & Head, Dept. of Microbiology, Dr. ALM PGIBMS, University of Madras,
Taramani, Chennai - 600 113.

Traditional medicine, otherwise called as Complementary and Alternative medicine internationally has received increasing popularity over the last 15 years. More than 40% of the public use these medicines, sixty percent of medical colleges in the Western countries have begun to teach about alternative medicine practices; hospitals are creating complementary and integrated medicine programs, health suppliers are offering expanded benefits packages that include the services of alternative practitioners and biomedical research organisations are investing more substantial amounts towards the investigations of these systems of medicines. The Phytopharmaceutical market has zoomed to $7 billion in Europe and $5 billion in USA per annum. The main reasons for such a popularity are: (i) rise in prevalence of chronic diseases' (ii) increase in public access to worldwide health information, (iii) increased sense of entitlement to a quality life, (iv) declining faith that scientific break-throughs will have relevance for personal treatment of diseases, (v) concern about cost and adverse side effects of modern medicines and (vi) the popular belief that alternative medicines safe. Investigatory research in alternative medicines has revealed the areas of risks in these systems of medicine world over. They include (a) Quality care authenticated by organised training, testing and certification, review and audit, professional liability with regulatory protection and codified disciplinary action; (b) Quality of products since they are largely unmentioned and their quality uncontrolled in terms of contamination, variation in content, efficacy and safety (c) Quality of science since these systems have remained unchanged for hundreds and thousands of years without any new observations, peer-review and no hypothesis- driven testing or innovation. It is also increasingly getting proved that not all herbal drugs are safe and free from side effects. These concerns are equally applicable to all types of alternative systems of medicine including the Indian systems of Medicine.

In the ancient literatures of Indian systems of Medicine like Siddha and Ayurveda, the concept of quality control and standardisation has been clearly spelt out in terms of identified variety of the herbal plants, the land and soil in which they are to be grown; stage of growth at which they are to be grown, stage of growth at which these plants are to be collected for medicine preparation, source and purity of collection to rule out contamination by natural colour, aroma and fragrance, taste and the details of processes of preparation, since these traditional practitioners in earlier years personally handled all the above responsibilities

AMUDHAKALASAM SIDDHA LITERARY RESEARCH CENTRE

including dispensing to the needy patients, there were seldom the criticism of loss of quality and batch to batch variation. With increasing popularity of herbal drugs world over, there were also increase in the number of raw material suppliers, manufacturers and dispensing practitioners. Hence regulatory procedures for quality assurance in terms of standardisation at every stage is being insisted upon to authenticate quality and reproducibility efficacy.

WHO has defined 'herbal drugs' to contain as active ingredients plant or plant materials in the crude or processed state plus certain excipients i.e., solvents, diluents or preservatives. Internationally Phytotheriapeutics agents or Phytomedicines are termed as standardised herbal preparations consisting of complex mixtures of one or more plants which are used in most countries for the management of various diseases. Several drug regulatory models for herbal medicines currently exist in different countries including prescription drugs, over the counter drugs, traditional medicines and dietary supplements. In view of the stringent requirements of standardisation for quality and efficacy, majority of herbal products are marketed under the ambit of the 1994 Dietary Supplement Health and Education Act (DSHEA) and sold as 'dietary supplements' and "nutraceuticals".

To satisfy the international requirement, the concept of holistic standardisation is proposed. This is defined as a process built into production and quality control procedures to ensure that a consistent and reproducible level of active ingredients in each dose of herbal medicine is obtained. Of the several steps proposed, the following are accepted as a consensus methodology to achieve holistic standardisation of a traditional medicine product.

1. ***Environmental:*** specifications about soil conditions for cultivation of herbal plants, optimum temperature, optimum humidity, water availability, type of nutrients to be provided are the parameters included under this category.

II. ***Physiological:*** source (seed) of the plant material, age of the plants, part/parts of the plants to be collected, period and time of collection; method of collection, method of drying, packing, storage and transportation of the raw material are included in this group.

III. ***Morphological:*** Taxonomical identity of the plant source with that of the literature documentation; authentication of collection by comparison with voucher specimen.

IV. ***Analytical:*** analysis of the raw material for macroscopic foreign matter, contamination with micro-organisms, heavy metals' pesticides, mycotoxins and toxic

AMUDHAKALASAM SIDDHA LITERARY RESEARCH CENTRE

elements.

V. ***Preparatory process:*** Documentation of a standard operating procedure (SOP) of the process of preparing the herbal formulation with levels of characterisation, stability, optimization of presumed active ingredients if known and development of "marker substance" where active ingredient (s) are unknown. These parameters are applicable to all preparations which are made available in the form of liquid, solid (powdered extract) or viscous preparations.

VI. ***Chemical :***

(a) *Presumptive:* on all the finished products tests for ash, extractive values in various solvents, volatile components, loss on drying, disintegration test, friability test etc are to be done. The variation between batches should only be ±10%.

(b) *Confirmatory:* The recent advances which occurred in the process of purification, isolation and structure elucidation of substances out of medicinal plants have made it possible to establish appropriate strategies for the analysis of the quality and the process of standardisation of herbal preparations in order to maintain the homogeneity of the plant extract as much as possible. The methods suggested presently are thin layer chromatography (TLC), high performance thin layer chromatography (HPTLC), gas chromatography (GC), high performance liquid chromatography (HPLC), mass spectroscopy (MS), infrared spectrometry, ultra violet / visible spectrometry etc used either alone or in combination can be successfully used for standardisation and to control the quality of both the raw material and the finished herbal drugs. The Indian Council of Medical Research and the Central Councils for Research in Ayurvedha, Siddha and Unani medicines have come up with chemical standardisation procedures developing "markers" mostly by HPTLC method for sizable number of their proprietary medicines.

VII. ***Biological:*** The herbal medicinal products are always a complex mixture of different plants and thus different compounds which may act in an agonistic, synergistic, complementary, antagonistic or toxic way. The traditional medicine concept of "biological synergism" of balancing the above properties resulting in the holistic outcome of patients' well being has to be synchronised with the present day efforts of standardisation of herbal drugs. Hence there is a specific challenge for developing methods to prove the bioequivalance of herbal drug preparations. If the constituents

AMUDHAKALASAM SIDDHA LITERARY RESEARCH CENTRE

responsible for therapeutic activity are known, the concept of essential similarily used with chemically defined substances can be fully applied. For extracts with unknown active markers' as it is the case in many of the Indian systems of Medicines, data on defined chemical constituents are useful for control purpose called, "charge-conformity" but not sufficient to prove bioequivalence. Hence methods to assess the type of bioequivalance parameters may vary depending upon (a) what is the disease or condition for which the drug is being used? (b) what is the proposed mechanism of action, if known already? (c) what is the purported benefit to the patient? and (d) what are the risks? Depending on the above, the preparations in Traditional systems of Medicine in general and Indian systems of Medicine, in particular are to be standardised using:

(ii) Pharmacological bioequivatence assays.
(iii) Microbiological bioequivalence assays.
(iv) Toxicological bioequivalence assays.
(v) Clinical bioequivalence assays.

Of the above, assays (i) to (iv) could be either by invitro or invivo models while the clinical studies are to be conducted as well-controlled and randomised clinical design.

VII. *"Chemo-biological finger printing":*

Until recently, studies on identifying the mechanism of activity of a compound whether acquired from natural products or synthetically prepared and standardisation of any such drug preparation were entirely based on chemical fingerprinting methodology. However, reports have recently multiplied in pharmaceutical R&D that inspite of locating a presumptive chemical structure mediated drug potential, the identified drug molecule has not been able to replicate the activity biologically in, invitro/invivo and clinical studies. Such observations are more often made in studies connected with natural products and herbal medicines. The time immemorial concept of "bio-syneigism in traditional medicine" is now acceptable to modern scientists. Hence methodologies are being designed to standardise herbal drugs by a combination of biology mediated chemical characterisation and are called "Chemo-biological fingerprinting methods". The recent example of R&D research by the Dept. of Microbiology. Dr. ALM Post Graduate Institute of Basic Medical Sciences, University of Madras on the "Pharmaceutical formulation from Phyllanthus amarus for the treatment of Hepatitis B, Hepatitis C and related viral infections of the liver and the process of standardisation"

AMUDHAKALASAM SIDDHA LITERARY RESEARCH CENTRE

has adopted the principle of chemobiological fingerprinting. It is not only been patented internationally, but also been commercialised as a patented product with wide acclaim all over the world. Thus it could reasonably be surmised that the best model of standardisation of Indian systems of Medicines should be holistic based on the above multidisciplinary approach with prime importance for developing 'chemo-biological fingerprinting methodology' for each and every proprietary formulation.

Such a protocol shall not only add the modern scientific concept into traditional medicines but also would make these medicines easily protectable under the existing norms of Intellectual Property Rights (IPR). The protection of IPR is equally important in herbal medicines, since the concern and difficulties related to the patenting of herbal medicines have precluded the financial incentives that could be provided to pharmaceutical industries.

Ultimately, answering fundamental questions about efficacy, safety, appropriate clinical applications, meaningful outcomes and authentication of bioreproducibility for all medical therapies including those considered alternative medicine, requires critical and objective assessment using accepted principles of scientific investigation and rigorous standards for evaluation of scientific evidence. For patients, for physicians and for all alternative medicine practitioners - indeed, for all who share the goal of improving the health of individuals and of the public - there can be no alternative.

Reference:

1. Wayne B. Jones (1998). Alternative Medicine - Learning from the Past Examining the Present, Advancing to the Future. JAMA. 280 (18): 1616 - 1618.
2. Phil B. Fontanarosa and George D. Lundbeig (1998). Alternative Medicine Meet Science. JAMA. 280 (18): 1618-1619.
3. Calixto JB (2000). Efficacy, safety, quality control, marketing and regulatory guidelines for herbal medicines (Phytotherapeutic agents). Brazilian Journal Medical and Biological Research. 33 (2): 179-189.
4. Loew D and Kaszim Z (2002). Approaching the problem of bioequivalance ol herbal medicinal products. Phytother. Res. 16 (8): 705 - 711.
5. National Centre for Complementary and Alternative Medicine, USA. Website http ://www. nccam. nih. gov.

AMUDHAKALASAM SIDDHA LITERARY RESEARCH CENTRE

INDIAN MEDICINE AND THE INDUSTRIES

G.SWAMINATHAN, B. Pharm.,
Chairman, Pharm Products

Patients all over the world are reverting to traditional/alternative medicine and natural remedies, because of their dissatisfaction in the treatment of modern medicine. This is mainly because that Allopathic medicine has no cure for many chronic/refractory diseases. Some of these ailments have become common and affect a large number of people. A few of the above conditions are, Diabetes, Rheumatoid arthritis and its allied conditions, Bronchial asthma and Naso bronchial allergy including Rhinitis, Obesity, Hyperlipidaemia and atherosclerosis, liver disorders including Viral hepatitis, Peptic ulcer, Leukemia, Leucoderma, Parkinsonism, Mental retardation, Baldness, Premature graying of hair, Acne etc. Besides, the modern medical treatment also produces many unwanted side effects and has become very expensive. The days of the family doctor is over and it is now the field day of the specialists who more often resort to mechanical investigation rather than depending upon their clinical acumen. Consequently the patients have to shell out a large amount of money towards the treatment. The Allopathic medicines have also become expensive causing hardship to the purchasing public.

India is also becoming comparable to the developed countries in the Allopathic treatment regimen, since the health sector has been hijacked by large private institutions while the government hospitals have almost become moribund.

The rich and influential people including those in the government opt to undergo treatment only in the private hospitals and even the middle and poor classes have lost faith in government institutions and consequently resort to private treatment in spite of its high cost. Based on all these factors there is resurgence in traditional treatment all over the world especially in advanced countries. Billions of dollars are being spent by people for alternative medication especially for herbal remedies in the Western world. In this context of 'Back to Nature' psychology of the people and since even now the majority of the population in the rural areas of underdeveloped countries are still having faith in the traditional systems of their own countries. The World Health Organisation during the last twenty years has been strongly advocating the renaissance of traditional medicine as appropriate for the people especially for those who live in the developing countries. The WHO has also given guidelines for the assessment of traditional medicine and how the same has to be brought with in the modern scientific parameters so as to give to the people, safe, effective and quality medicaments

AMUDHAKALASAM SIDDHA LITERARY RESEARCH CENTRE

from the indigenous system.

In many of the publications of the WHO, they have strongly recommended both Indian and Chinese traditional medical systems. In the Indian medical system, they have favoured the propagation of Ayurvedha, Siddha and Unani medicines. Because of this climate of world acceptance of traditional systems of medicine and because billions of dollars worth of herbal medicines are being sold in western countries, Govt. of India has been gearing up the promotion of Indian systems of medicine both for internal use and for export purposes. In the field of herbal medicines sold in Western countries, China has conquered a large share while India with an ancient tradition of thousands of years in Ayurvedha, Siddha and Unani medicines have acquired only a small share in those countries.

Even internally, within India, industries manufacturing traditional medicines, both classical (generic) and patent and proprietary drugs are having only a small share of the total pharmaceutical market, which is being dominated by Allopathic medicines. The reason for the same is after the advent of the British as rulers of our country the Allopathic systems has been promoted during the last several years at the expense of our traditional medicine. Even after independence, Allopathic medical education has predominated all over the country. Students also are vying with each other to get educated in Allopathic medical colleges. This is so because any degree or postgraduate degrees from these institutions give them a lucrative professional future. Consequently, even though after independence, many medical colleges belonging to Ayurvedha, Siddha and Unani systems of medicine have been established in our country, only those who could not get admission in the Allopathic colleges sought entrance in these institutions. There had been only a few, who joined traditional Indian Medical Colleges because of their family background or because of their interest in the subject.

After independence, during the last five decades, many pharmaceutical companies have also started manufacturing traditional medicines in our country. A section of these industries manufacture traditional, classical (generic) drugs as per the ancient texts and supplied these medicines to the traditional medical practitioners or to the hospitals both private and government belonging to that system. Another section manufacture both traditional, patent and proprietary medicines and market them under generic or brand names as 'over the counter products' (OTC) which could be directly purchased and used by the people. For this purpose, some of them also advertise their products in the press and also in the electronic media so as to create brand awareness to the consumers. Yet another section of the pharmaceutical companies are promoting traditional medicine by ethical means i.e. by means

AMUDHAKALASAM SIDDHA LITERARY RESEARCH CENTRE

of direct marketing to doctors, belonging to both traditional and Allopathic systems of medicine so as to create prescriptions for these products through medical representatives which can be purchased from chemists and druggists. Majority of the industries in the filed of manufacturing and marketing traditional medicines belong to this category. A few of them have established many hundred crores worth of business on an all India level especially in the Ayurvedic system of medicine through their medical representatives who number 450 or more.

Initially, during the 1950's and 60's when this trend started to emerge, Allopathic medical practitioners were cold towards the traditional medicines when the medical representative met them with the samples and detailed about traditional medicines. Many of them have been refusing to prescribe due to affinity to the Allopathic system and for want of knowledge about the alternative system. They also wanted clinical and toxicological studies for these products to prove their safety and efficacy. Some of the large companies in the field of manufacturing traditional medicines resorted to toxicological and clinical studies in medical and research institutions to prove their products to the satisfaction of the Allopathic practitioners. This equivocal trend continued for some years and afterwards with the strong support by the government to the traditional systems, especially to herbal medicine this tendency changed dramatically and till a few years back most of the Allopathic practitioners have been giving equal preference to traditional medicine in their prescriptions and consequently there had been a large volume of sales of traditional medicine in the ethical market. This experiment also proved to be valuable in another sense i.e. the manufacturers strived to establish traditional medicine to the satisfaction of the practitioners of modern medicine by undertaking scientific studies of their products. Large scale marketing also involved standardization of the traditional drugs including their consistency and quality with a long shelf life.

Traditional medicines were originally manufactured by the village vaidhyas for their own patients. They selected their own herbs, identified them manufactured the medicines out of their own expertise and administered them to the patients in their community for few days of use especially so if they happened to be herbal preparations. But commercial exploitation of the traditional medicine meant scientific validation of the herb including their identification, earmarking of the active principle for the therapeutic need, manufacturing the same in the modern conditions in pharmaceutical dosage forms such as liquid, tablets, capsules, ointments etc. and also preparing them to stand a long duration of shelf life, say two to three years at a time. This was so because these products have to be marketed in an

AMUDHAKALASAM SIDDHA LITERARY RESEARCH CENTRE

extensive area of a large country like ours with many distributing channels before arriving at the doors of the Chemists & Druggists previous to their purchase by the patients.

Due to the large scale commercial exploitation of the traditional drugs, the Govt. of India brought an amendment in 1964 to the Drugs & Cosmetics Act defining Ayurvedic, Siddha and Unani medicines and introduced necessary provisions to enforce the necessary control in their manufacture. To give effect to the provisions of the amending act the rules were laid down in the year 1970. The act and rules also stipulated the standards to be followed by the industries in the manufacture of these drugs. Originally manufacturers were allowed to manufacture these products only out of the authoritative books enumerated in the first schedule to the act which named 54 books in Ayurvedha, 29 books in Siddha and 12 books in Unani Tibb systems of medicine. Subsequently industries were allowed to manufacture in accordance with the Ayurvedic and Siddha formulary of India. Till that time industries were not empowered as per law, to manufacture patent and proprietary medicines of Ayurvedha, Siddha and Unani. To give leverage to the manufacturers to prepare patent and proprietary innovative medicines belonging to these systems, the act was further amended in the year 1982. Since then it has become legal to manufacture patent and proprietary medicines in the traditional systems of medicine out of the ingredients mentioned in the preparations described in the authoritative books given in the first schedule to the drugs act.

Recently in the year 2000, Govt. of India have notified Good Manufacturing Practice (GMP Rules) for Ayurvedha, Siddha and Unani (ASU medicines) to standardize the qualities of these drugs, which are manufactured in about 9000 pharmaceutical units in our country, so that these remedies will get credibility in the internal and external (export market). The G.M.P. rules has enforced essential infrastructure, manpower and other requirements. It also ensures that the raw materials used in the manufacture of these drugs are authentic, of prescribed quality and free from contaminations. Provisions for quality control which included appointment of one person with degree qualification in any one of the ASU system, besides association of pharmacy, pharmacognosy and chemistry graduate(s) has been stipulated. Because of this new procedure, which has now come into force, the credibility of the traditional medicines manufactured in our country has been established with consumers both in India and abroad. This also proves opportunity for the exports of our herbal preparations to other countries.

Over the years, the Government of India has also taken active steps to modernize the ASU drugs in accordance with scientific parameters to ensure quality of the products,

AMUDHAKALASAM SIDDHA LITERARY RESEARCH CENTRE

besides creating an appeal to the foreign buyers. Many National Laboratories of the Council of Scientific and Industrial Research (CSIR) have been entrusted with the job of identifying the active principles of the ASU drugs and assessing their safety and efficacy. Many studies on the pharmacognosical, phytochemical and pharmacological nature of the plants were undertaken. On the above basis, the dosage of the drugs, were also arrived at. The premier Govt. institution of the drug development, in our country is Central Drug Research Institute, Lucknow, which has done many studies on Indian drugs. The two well-known research products of this institute are Gugulipid from the resin of the plant Commiphora mukul, which is an indigenous drug for hyperlipidemia, hypercholesterolaemia and hypertriglyceridaemia. This preparation is being marketed by Cipla, under the brand name Guglip. Another product is Memory Plus, from the plant Baccopa monnieri, which is a well-known indigenous (Ayurvedic) drug for promoting general mental ability and for the treatment of Attention Deficit Hyperactivity Disorder (ADHD). Central Institute of Medicinal and Aromatic plants, Lucknow has also done valuable research and developed much scientific data on many herbs. The Regional Research Laboratory, Jammu has also done many scientific studies over a period of time including validation of 'Trikattu' (dry Ginger, Pepper and Long pepper) as an adjuvant drug to enhance bioavailability of drugs including antibiotics.

The other CSI Laboratories which are also engaged in medical research to help scientific validation of Indian drugs are, Centre for Biochemical Technology, Delhi, Central Food Technological Research Institute, Mysore and Regional Research Laboratory, Trivandrum. The Indian Council of Medical Research, New Delhi and its various Regional Centres are also engaged in the standardization, quality control and formulation of selected traditional remedies/natural products and their scientific validation, besides multi centric clinical studies. They have already conducted studies on diabetic mellitus, viral hepatitis, bronchial asthma, filariasis, kala-azar wound healing etc., with traditional medicine with satisfactory results.

The Central Council for Research in Ayurvedha and Siddha has also conducted Ethnobotanical, Pharmacognosical, phytochemical, Pharmacological, Pharmaceutical standardization research and Clinical studies on Indian medicines over a period of time.

However all the above said efforts to establish Indian medicine according to modern medical parameters so as to enthuse the medical fraternity including Allopathic practitioners to use these drugs have received a set back after the judgment of the Supreme Court in the year 1996. The court has held that a registered practitioner in one system of medicine i.e. Ayurvedha, Siddha, Unani and Homeopathy practicing modern medicine (Allopathy) or vice

AMUDHAKALASAM SIDDHA LITERARY RESEARCH CENTRE

versa will be construed to be negligent perse meaning breach of legal duty in cases where the patients who have been treated by the methodology of another system different from the one in which the practitioner has been registered will be liable for prosecution under Consumer Protection Act and will be construed as a quack. This means any allopathic practitioner, who is not trained in Indian systems of medicine, prescribing an Indian medicine will be considered as a quack and in case of any harm visiting the patient by such a practice, can be prosecuted under the consumer Protection Act and his registration under the Indian Council Act as an Allopathic practitioner will not protect him for the consequence of his negligence and will be held liable under the law. This judgment has been taken up loudly by the multinational Foreign drug manufacturing companies, and have been brought to the notice of the Allopathic medical practitioners in our country to wit that their prescription of ASU drugs will make them liable to prosecution under both civil and Criminal laws resulting in the cancellation of their medical registration with heavy fine in case of any complaint by a consumer. These companies have done this mainly in their own self interest so as to avert the doctors from prescribing Indian medicine manufactured by other pharmaceutical companies.

Many pharmaceutical companies in India manufacture both Allopathic and ASU drugs. They are also promoting drugs belonging to both the systems to the medical profession by means of their Medical Representatives. After the judgment of the Supreme Court, there had been lack of enthusiasm with a large number of senior Allopathic medical practitioners to prescribe ASU drugs, which has caused considerable set back to pharmaceutical industries manufacturing ASU drugs in our country. They have to work against the unfavourable climate created by the Supreme Court judgment. A few large companies who have been promoting ASU drugs ethically have also started to recede from this method and are marketing these drugs as OTC products by means of advertisement. However, establishing a medical product by advertisement for chronic ailments is not easy. It involves huge amount of expenditure, which run in to many crores. To establish even a single ASU product on an all India level, getting enough business to a level of achieving profit within a period of time is a risk. Only a few pharmaceutical companies in India could afford this experiment. Besides Drugs and Magic Remedies (Objectionable Advertisements) Act, 1954 also prohibits advertisement of remedies for the treatment or prevention of veneral diseases, procurement of miscarriage in women or prevention of conception in women, maintenance or improvement of the capacity of human beings for sexual pleasure, correction of menstrual disorder in women and the following 56 diseases or disorders:

1. Appendicitis 2. Arteriosclerosis 3. Blindness 4. Blood poisoning 5. Bright's disease

AMUDHAKALASAM SIDDHA LITERARY RESEARCH CENTRE

6. Cancer 7. Cataract 8. Deafness 9. Diabetes 10. Diseases and disorders of the brain 11. Diseases and disorders of the optical system 12. Diseases and disorders of the uterus 13. Disorders of menstrual flow 14.Disorders of the nervous system 15. Disorders of the prostatic gland 16. Dropsy 17. Epilepsy 18. Female diseases (in general) 19. Fevers (in general) 20. Fits 21. Form and structure of the female bust 22. Gall stones, kidney stones and bladder stones 23. Gangrene 24. Glaucoma 25. Goitre 26. Heart diseases 27. High or low blood pressure 28. Hydrocele 29. Hysteria 30. Infantile paralysis 31. Insanity 32. Leprosy 33. Leucoderma 34. Lockjaw 35. Locomotor ataxia 36. Lupus 37 Nervous debility 38. Obesity 39. Paralysis 40 Plague 41. Pleurisy 42. Pneumonia 43. Rheumatism 44. Ruptures 45. Sexual impotence 46. Small-pox 47. Stature of persons 48. Sterility in women 49. Trachoma 50. Tuberculosis 51. Tumours 52. Typhoid fever 53. Ulcers of the gastro-intestinal tract 54. Venereal diseases, including syphilis, gonorrhoea, soft chancre, veneral granuloma, and lympho granuloma 55. Asthma 56. AIDS.

Hence any one advertising the ASU products for the above mentioned ailments are also liable for prosecution under the law.

Promoting ASU drugs only to the qualified practitioners of Indian systems of medicine is also not paying much dividend to the industries because most of them are not having affluent client deal who can afford ASU patent and proprietary medicines, which are also highly priced so as to cover the manufacturing and marketing cost under the modern methods.

Hence, I feel to establish the Indian systems of medicine firmly in our country, we need a medical education similar to China. Chinese traditional system of acupuncture, moxibustion and herbology is very ancient dating back to thousands of years. Their system is as traditional as that of Indian systems of medicine. In China, medical graduates study both Allopathy and traditional systems of medicine of their country in their curriculum and hence they are qualified to practice both these systems. Similarly, Government of India is also presently proposing to include traditional system in the medical curriculum of our country as one of the subjects. If Allopathic medical students studying M.B.B.S., learn about our traditional system also for a period of time as part of their syllabus, they will be qualified to prescribe Indian systems of medicine. But it appears the Indian Medical Council is not favourable to this idea and consequently their appears to be delay in the implementation of this proposal by the Central Government. It is a well-known fact that the present National Democratic Alliance (N.D.A.) Government, which is predominated by the Bharathiya Janatha Party, is a votary for Ayurvedha and consequently they are anxious to include Ayurvedha in the medical curriculum.

AMUDHAKALASAM SIDDHA LITERARY RESEARCH CENTRE

While doing so both siddha and Unani will also get included along with the same. Once this happens the future of Indian pharmaceutical industries manufacturing ASU drugs will get brightened because a huge internal market can be expected for these drugs, besides it will also create a suitable climate for furthering the scientific research of traditional medicines in our country.

In the field of export, traditional medicines of our country are considered to be New drugs abroad. To establish a new drug in a foreign country will cost several billions of dollars and a gestation period of about 10 to 12 years to convince the federal drug authority of the advanced countries especially US FDA of the safety and efficacy of the medicine. Hence, most of the Indian companies are resorting to the marketing of ASU drugs as herbal drugs and nutritional supplements abroad. Both herbal drugs and nutritional supplement have many billion dollars worth of sales in the foreign countries. Many advanced countries like Britain, Germany and France etc. have their Herbal pharmacopoeias. When medicines are manufactured in these countries, which satisfy the herbal pharmacopoeia of the individual country, they are allowed to be marketed. To avail the export market abroad, India also needs licensing of herbal medicine by drug authorities and our government should also quickly bring forward an Indian Herbal Pharmacopoeia similar to British Herbal pharmacopoeia. On the basis of accumulated traditional and modern knowledge on herbals, India also should bring out a suitable law permitting the manufacture of nutritional/dietary supplements out of herbs. Once these changes are statutorily brought about, pharmaceutical industries can manufacture officially both herbal and nutritional/herbal supplements based on Indian medicine.

There is a resurgence of support for Natural remedies all over the world including India. This is mainly because people feel natural remedies are safe and effective. They also think natural remedies are not harmful like synthetic medicine. It is also true that most of the natural remedies have fewer side effects than synthetic drugs. Hence there is an urgent need for all concerned, especially to those who are in the government and from the pharmaceutical industry to adopt themselves to the need of the people and support them in their legitimate aspiration by providing them safe and effective Herbal and Herbo-mineral drugs. I personally feel that our traditional systems of medicine and especially Siddha which is a treasure trove of natural remedies which are having many active remedies of Herbo-mineral origin will reap a great benefit and will satisfy the need of the consumers/patients both in our country and abroad.

AMUDHAKALASAM SIDDHA LITERARY RESEARCH CENTRE

RESEARCH METHODOLOGY FOR THE SCIENTIFIC DOCUMENTATION OF THE VALUE OF TRADITIONAL MEDICINE

Dr. Ganesa Yogeeswaran, M.Sc. Ph.D., (Toronto, Canda)
Siddhar Medical Science and Research Center, Regd.

INTRODUCTION:

World over the Allopathic System of medicine dominates the "Traditional Medicine and Healing Art", due to its strong link with modern science and technology. However, the WHO documented that the vast majority of people (75-80%) living in the developing world, and industrialized nations prefer or resort to traditional remedies for common ailments and chronic diseases, due to the high cost of modern hospitalization and expensive and toxic drugs with many side reactions. It is also becoming increasingly apparent due to many considerations because, the ancient medical systems offer simple, cost-effective, nature-friendly, holistic, preventive and rejuvenative alternatives, that there is a strong need for the co-existence of Ancient System of Indian Medicine with the Modern Medical Science. The Ancient Siddha Medical Science, like most Ancient Medical Systems (Chinese, Native American Indian, Siddha, Ayurveda, Unani, Homeopathy etc.), give importance to the individual body constitution and customize the treatment. Our Indian system of medicine and homeopathy treated the individual as a whole, and not the isolated cause of the disease as found in modern medical science. The relative strength of the Modern system of Medicine over the Ancient systems is in its vast pharmacopoeia and technological advancements in surgical tools/procedures, and in the handling of medical emergencies and acute-care. However, the traditional systems of medicine offer other rich "time-tested experiential knowledge" that can provide clues to explore and discover the medicinal value of flora and fauna and other ways of healthy living. Thus, the lecturer will lay emphasis on the development of good research methodologies and tools needed to explore relative strength of Indian systems of Medicine and Homeopathy for better health of the world at large.

In order to bring out the curative or disease management value of the "age-old wisdom" *hidden in the literature of traditional medicine, we need a systematic scientific research* approach involving laboratory-based cell biological or other molecular studies pertaining to

AMUDHAKALASAM SIDDHA LITERARY RESEARCH CENTRE

the basic medical science (Para-clinical) on available clinical specimens. These studies will have to be linked to proper clinical diagnosis of the disease and the "staging" of the disease process through modern medical methodology and ancient methods of disease diagnosis. Thereby, a good scientific documentation of the principles involved in the healing process and a mechanistic understanding of the efficacy of traditional medicine will be unraveled.

GROSS LEVEL OBSERVATIONS; Generation of a working hypothesis for clinical research.

Traditional system practiced today in many parts of the world works well on the patient to bring about a disease management / cure in a cost effective way. Therefore, there is a necessity for finding the "why-for (or) how" through the window of modern scientific research methods.

CURES BROUGHT ABOUT BY PHYSICAL METHODS:

When we want to find out the true efficacy of the traditional remedy then, we will have to pose the question as to "how many times the traditional physical methods (Yoga, Breathing or Varma technique etc.) worked to produce the healing? ", and in "what stage of the disease it works? ". "How often it failed and under what circumstances?". In general, many of the traditional methods rarely document this. In order to remove this lacuna, we have to develop better research methodology. Hence, one would pose a working hypothesis, such as, "certain traditional method / and administration regimes etc. can produce the alleviation of the disease / symptoms etc. over certain period, in a predictable manner".

After identifying such a working hypothesis, then the patients, who are symptomatic / suspected of the disease are recruited for the study. These subjects will have to be diagnosed in parallel by the traditional method (Eight-fold methods of diagnosis like, observing speech, skin, touch, eye, tongue, pulse, urine, stool etc.) and modern method (clinical observations, laboratory patho-biochemical parameters, and Instrumental methods). Then, the individual patient is placed into a group according to the staging of the disease. Such patients are further classified into several subgroups and the following protocol may be followed: Control group, treated with known drug. Traditional method following patient group, placebo group etc. Patient's clinical parameters (symptoms and laboratory instrument data)

AMUDHAKALASAM SIDDHA LITERARY RESEARCH CENTRE

are collected at the time of joining the study (i.e. before starting the treatment protocol), during the treatment regimen (mid-course of the total treatment period), and end-point of the treatment. The collated data will then have to be statistically analyzed to prove that the traditional method of treatment really resulted in clinical cure / alteration in the course of the disease to normalcy. Above-mentioned protocol can be the first order of priority, when one uses a simple clinically safe physical method and to establish stronger credibility for the treatment modality. Because of the consideration of staging of disease, placebo controlled trial and the use of a historical Allopathic controlled treatment method in our approach, it should provide an excellent opportunity for the widespread acceptance of the traditional method. In these clinical studies, if there are any identifiable molecular biomarker changes as a consequence of the treatment, they can be tested as additional proof of the efficacy.

BASIC AND MECHANISTIC STUDIES :

After gathering useful clinical data on the efficacy of the clinical study using Yoga, Breathing, Varma technique etc. researchers can proceed to basic and mechanistic studies. For these in vitro studies, patient cells, tissues, body fluids etc. will have to be removed and analyzed in the "para-clinical" laboratories through their routine procedures. Then, the development of an experimental design to test the validity of hypothesis with cell culture systems and animal models is required. In such studies, a "Biomarker" analysis will be carried out to test the efficacy of the traditional system.

IN VITRO AND IN VIVO STUDIES TO TEST THE TRADITIONAL DRUG or FORMULA:

Firstly, a working hypothesis has to be formulated such as "that a traditional drug / formulation and administration regime etc. can produce the desired biological effect at a cellular level (or) the alleviation of the disease / symptoms etc. in an animal mode over certain period, in a predictable manner".

Then, an experimental design to test the validity of above-mentioned hypothesis can be drawn with the study system such as cultured cell lines and animal models, which constitutes a "Phase-1 Research Study". Biomarker analysis will be useful for testing the

AMUDHAKALASAM SIDDHA LITERARY RESEARCH CENTRE

efficacy of the traditional drug and Its genetic or metabolic influence on the cultured cel model system. Use of animal and human cultured cell lines are available to study the toxicity of the drug, and concentration needed (proper dose) for manifesting the biological activity in these model systems. After the successful definition of the activity of the drug/formulation through the cultured cell studies, animal studies can be carried out with the induction of the disease state in the host. Thus, animal studies also form the basis of understanding the pharmacodynamics of drug action on the disease. Such animal studies also define the dose required in humans for later clinical studies. These in vitro studies and other animal studies form the basis of pre-clinical observations necessary for larger "Phase-II clinical trial". In Allopathic pharmaceutical drug trials, the need for placebo controlled "double-blind" clinical trials are advised and followed, in order to rule out- the curative value of the drug is not due to "psycho-neuro-(physiological-biochemical)- (Immunological)-modulation" In some instances, a multi-centric drug trials are also administered before accepting the drug to be safe and effective. During the course of these clinical drug-trials, a follow up of biomarker changes may be followed as a consequence of the treatment.

Despite these well laid out norms present in modern Allopathic and other medical science fields, the traditional systems of medicine and its pharmacopoeia have not been well scrutinized. Therefore, the urgent need of the hour is to call every one concerned in these ISM&H to dedicate ourselves and rediscover the value of the traditional systems of medicine. The author/speaker will provide a few examples of his research protocol, data analysis, and conclusions and other success stories during his lecture at the conference.

AMUDHAKALASAM SIDDHA LITERARY RESEARCH CENTRE

"JOIN HANDS TO MANAGE HIV DISEASE"

SIDDHA APPROACH

Prof. Dr. G. GANAPATHY, M.D.(S)

Introduction

In the early years of 20th century, people were suffering at a high risk from (1) Diseases caused by Infection (2) Diseases caused by Malnutrition later it was controlled in wealthy countries by introducing some successful schemes like Vaccination programmes etc. to prevent infections and malnutrition by nutritional programmes.

Recent days the problems which are commonly affecting the mankind are (1) Malignant Diseases (2) Degenerative disorders (3) Biochemical disturbances (4) Mental illness and (5) Immunological diseases which is mainly due to genetic in origin. Chromosomal damages are due to (1) Radiation used in therapy, (2) Environmental pollution, (3) By drugs' reactions and (4) By immoral behaviours. HIV Disease (Human Immuno defeciency syndrome) is the major problem of immunology.

Acquired Immuno defeciency syndrome (AIDS) and Human Immuno defeciency virus (HIV) are not the same. HIV is a virus and AIDS is a state of a Disease. But the causative agent of AIDS is HIV. Among all the HIV infected person half of them develops AIDS within 10 years. But when patient developed the AIDS his life time becomes short and it becomes even less than 2 years if not properly attended to it.

People have got the hope that the traditional systems of medicine in India can provide better remedy, especially Siddha system of Medicine to destroy the Virus (HIV) and to prevent HIV infected persons from developing AIDS and resulting the longivity of life as the system is having various methodology of treatment.

Is it acceptable or is there any possibility of treating this HIV Disease totally with the materials available in the Siddha medical science ? If it is 'Yes' what is the limitation of treatment can be provided to the patients with the Siddha drugs alone. Before going deep to the point it is better to have knowledge about the applied clincial principles of Siddha Medicine.

Professor / H.O.D. Govt. Siddha Medical College, Chennai-106.

AMUDHAKALASAM SIDDHA LITERARY RESEARCH CENTRE

'Siddha Science' - It is a compiled medical science by our ancient people who have possessed super natural powers long back. The formation of the universe as well as the mankind are with five elements ie. Veli, Vali, thee, Neer and Mann. And out of these five elements the three humours which are otherwise called as "Uyir Thathugal", i.e. Vali, Azhal and Iaiyam are formed.

Vali (Vadam)	Vali + Veli
Azhal (Pitham)	Thee
Iaiyam (kabam)	Man + Neer

And these three are considered as the Anabolic, metabolic and catabolic facotrs respectively.

Like this "Udal Thathugal" ie. Rasam (Charam), Raththam, Mamisam, Kozhupu, Enbu, Moolai, Sukkilam/Suronitham is also having the vital role in maintaining the body without liable for any ailments. This Health promoter is controlled by above said three humours.

The relationship between the 'Udal Thathugal' and 'Vyir Thathugal' are as follows :

Vali	-	Enbu
Azhal	-	Senner (Ratham)
Iaiyam	-	Rasam, Mamisam, Kozhupu, Moolai, Sukkilam/Suronitham

If there is any problem with this 'Udal Thathugal" it will be relfected in "Uyir thathugal" and Vice Versa.

HIV :

HIV Disease, which mainly affects the people of lower economic status. This was identified in central African states like Camaroon and Galion by research Scientists. The Latest concept Expresses that the virus entered human beings about sixty years ago and get converted into Human Virus named 'HIV'. But According to Siddha system of Medicine all the mankind are liable to suffer from 4448 types of diseases only. Among these HIV is considered one among the 'Mega Noe' and in particular, it is beough under 'Vettai Megam'

Since losing weight is one ofthe very common and important clincial feature it is described as 'Theivu Noi' by some Medcial Scholars. The cause for the Vettai Megam Noi' is mainly due to sexual transmission and having excessive sexual intercouse, which results in more loss of semen (Vinthu Vitan Monthu Kettan).

AMUDHAKALASAM SIDDHA LITERARY RESEARCH CENTRE

Clinical Entity :

The clinical condition of the Patient is assessed by 'Poriyal Aridhal' (By Sensory Organs), 'Pulanal Aridhal' (By Sensory functions and Vinavuthal (Interrogation). Again it is classified in Eight methods of diagnosis is called as 'Envagai thervu, usually the clinical features of the AIDS patients according to 'Envagai Thervu is as follows,

(i) Naa (Tongue)

Colour of the Tongue

Red, Yellowish, pallor or dark Pigmentation seen.

(ii) Character of the tongue

Dry, Coated or Some times with fissures.

(iii) Sensory functions :

Taste, No alteration in taste at beginning later diminished in taste.

(ii) Niram (Body colour)

Mild dark colour.

(iii) Mozhi (Speech)

In advanced condition diminished tone is present.

(iv) Vizhi (Eyes).

1) Colour of the Eyes : No remarkable changes seen.

2) Character of the Eyes : Sunken Eyes

3) Vision : Usually not affected.

V) Sparsim (Body) Usually warmth.

vi) Malam (Motion) Constipation or Loose bowel (Commonly diarrhoea, rarely dysentry).

(vii) Moothiram (Urine) : With bad odour and depends upon the involvement of the three humours.

(viii) Naddi (Pulse)

Initially 'Azhal' (Pittha) is affected then depending upon the other conditions vali (Vadam) following it laiyam (Kalam) is also affected.

AMUDHAKALASAM SIDDHA LITERARY RESEARCH CENTRE

When Azhal (Pitha) kutram is mainly affected i.e., fever, headache, nausea, vomiting, night sweats, general weakness, ulcer in the tongue are commonly seen. Due to the degree of deranged condition of "Vali" following "Iaiyam" oppurtunistic diseases develop.

Due to the derangement of Vali,

Weight loss, Body Pain, Diarrhoea, Skin diseases, Dementia

Due to the derangement of Iaiyam mainly respiratory disorders may occur.

Along with this the other associated clinical features if not controlled properly at a stage it ultimately lead to death.

LABORATORY DIAGNOSIS :

Any how the diagnosis must be confirmed only at the approved testing centres and number of tests have been developed to determine HIV infections. When the virus enters into the body it has an affinity to bind CD_4 + T helper cells which participate in the defence of the body and the count of CD_4 +, CD_8 + lymphocytes are very much useful to identify the seriousness of the illness as well as the prognosis during treatment (Tests of immune competence)

Normal Range of CD_4 + CD_8 + are as follows.

CD_4 Normal Range 500-1800 cells / cu.mm.

CD_8 Normal Range 350-1200 cells / cu.mm.

CD_4 / CD_8 Ratio - Normal Range - 1.5 - 2.6

TREATMENT

Treatment can be suggested in the following aspects.:

1. Antivenereal 2. Antiviral 3. Drugs which improves Seven Udal thathugal and
4. Other kaya kalpa drugs.

Some of the medicinal plants are given below :

1. கோடக சாலை	-	*Rungia repens.* Nees.
2. சங்கு புஷ்பம்	-	*Clitoris ternatea.* Linn.
3. வேம்பு	-	*Azadirachta indica.*
4. கீழாநெல்லி	-	*Phyllanthus amaus*
5. சேராங்கொட்டை	-	*Semecarpus anacardium*

AMUDHAKALASAM SIDDHA LITERARY RESEARCH CENTRE

6. தேற்றான்கொட்டை - *Strynchnos potatorum*
7. நெல்லி - *Phyllanthus emblica*
8. அமுக்கரா - *Withania somnifera*
9. கடுக்காய் - *Terminalia chebula*
10. வெங்காயம் - *Allium cepa.*

Among the Metals and Minerals the following are suggested

For Mega noi - Rasam (Mercury)
Gandhagam (Sulphur)

To improve seven udal thathugal

1. Rasam - Gandhagam preparations (sulphur)
2. Raththam - Iron preparations
3. Mamisam - Silver preparations
4. Kozhuppu - Gold preparations
5. Enbu - Gold preparations
6. Moolai - Lead preparations
7. Sukkilam/ Suronitham - Copper preparations

Prepared Medicines :

1. Rasagandhi Mezhugu.
2. Idivallathi Mezhugu
3. Nandhi Mezhugu
4. Mahaveera Mezhugu
5. Poorna chandrothayam
6. Velli parpam
7. Aya Chendooram
8. Thanga Uram
9. Chembu Parpam
10. Pavala Parpam
11. Mahavallathi Leghyam
12. Amukra Leghyam.
13. Nellikai Leghyam
14. Thoothuvelai Leghyam
15. Thetrankottai Leghyam
16. Thalisadi Choornam
17. Amukra Choornam.

AMUDHAKALASAM SIDDHA LITERARY RESEARCH CENTRE

For opportunistic infections following drugs can be suggested:-

1.	Diarrhoea	-	Thairchundi Choornam (or) Padiga Linga thuvar.
2.	Dysentry	-	Padiga Linga thuvar (or) Kabada Mathirai.
3.	Fever	-	Brahmananda Bairavam, Linga Chenduram, Nila Vembu Decoction
4.	Akki (Herpes)	-	Kunglia Vennai - Internal Kavikal Patru - External.
5.	Skin Problems	-	Arugan Thylam - External. Amirtha Vennai - External. Vanga Vennai - External.
6.	Coated tongue	-	Onion Juice
7.	Ulcerated tongue	-	Vengara Madhu
8.	Respiratory infections	-	Poorna Chandrodayam Shaya Kulanthaga Chendooram.
9.	Chest pain &Body pain	-	Karpoorathy thylam Satamansil thylam.
10.	Dementia	-	Onion Juice
11.	Digestive problems	-	Mathulai Manapagu.

Treatment has to be given according to the seriousness of the illness as well as the general condition of the patient (Noi Alavu, Noyali Alavu). Either simple preparations or a compound of various preparations can be administered.

As such the RAN (Rasaganthi Melugu, Amukkara chooranam and Nellikai leghyam) are given commonly and seems to be valuable.

Research activities :

Since then it was a challenging claim in Siddha system of medicine to treat HIV, some research projects were carried out at Govt. General Hospital, Chennai and Govt. Hospital of Thoracic medicine, Tambaram, Chennai. Primarily, only Herbal preparations alone was suggested. Even the double blind method was also followed when the Herbal preparations alone was administered the result was very moderate but encouraging. The Mercurial preparations like Rasagandhi Melugu was added to the trial. The result was potential and useful in the treatment of HIV. (RAN - results presented in 13th Inter national conference on AIDS - Durban, South Africa - Ref - JAPI 2001 : 49 : 390 - 391 Evaluation of Siddha Medicine in HIV Disease).

AMUDHAKALASAM SIDDHA LITERARY RESEARCH CENTRE

In day to day practice improvement seen in general condition of the patient as well as in Body weight. Also prevention from OTI, reduction in Viral Load (Weak Viraemia - 500 to 100,000 RNA copies / ml, moderate Viraemia - 100,000 to 1000,000 RNA copies / ml., High Viraemia - Above 10,00000 RNA copies / ml) and confidence with the patient (releived from depression etc) are noted.

In one family it was noted that the mother was expired from AIDS, the father and two female children are also identified as HIV. It was confirmed at MMC, Chennai. After one and half years treatment, for the father and one daughter results are found as No HIV-1, RNA detected (Quantiplex HIV 1 - RNA-2-0 Assay (b-DNA) for the other daughter it was found as 1, 57, 553 copies per ml plasma (HIV-RNA PCR (ROCHE)] (Department of Experimental medicine dt. 7.8.98 & 21.07.98 respectively, TN. Dr. MGR Medical University, Chennai)

The Drugs administered was Rasaganthi melugu with keelanelli, Vembu, and Manjal Choornam. Some of the other preparations were also given depends upon the necessity like Thoothuvelai Leghyam etc.

Conclusion :

As such in the existing Siddha medicine preparations, few are only tried and found to be effective. When large number of patients are undertaken for clinical studies by following strict parameters, definitly the Siddha system of medicine can provide valuable treatment for HIV disease at very low cost of expense (i.e. monthly expense around Rs. 300/- only). (The cost of existing medicine in modern system is very high). Since most of the patients are in poor economical status, they can be more benefitted by Siddha treatment as it is cheaper & effective.

References :

Dr. Murugesa Mudaliyar Gnapadam Part-I (Mooligai Vaguppu).

Dr. R. Thiyagarajan Gunapadam Part II & III

AIDS - TN Dr. MGR Medical University, Chennai.

Proceedings of the HIV/AIDS workshop.

October 2001 - Health India foundation, Chennai.

Dr. Kuppuswamy Mudaliyar, Siddha Maruthvam.

Dr. Shanmuga Velu Noi Nadal Noi Mudal Nadal.

AMUDHAKALASAM SIDDHA LITERARY RESEARCH CENTRE

MANAGEMENT OF HIV / AIDS – A UNANI APPROACH

Dr.Shaik Shahul Hameed. M.D.(Unani)

According to Avicenna, the author of the book" the Canon of medicine":

HEALTH: Health is a state in which the temperament and structure of the human body are such that all its functions are carried out in a correct and whole manner.

DISEASE: Disease is a state of the body which is the opposite of health.

The classification of diseases according to Unani system of medicine is as the follows

I. Simple Diseases: Which involve simple organs, compound organs or both with mild change in temperament or simple change in the structure of the organ.

II. Compound or Complex diseases: In which a number of abnormal conditions present in the form of a single disease. i.e. presence of change of temperament along with change of structure or discontinuation of the organ.

(Alqanoon)

The compound diseases may be further classified as

1. Amraz ghair mutaaddi(Non infective diseases)
2. Amraz e mutaaddi(Infective diseases)

The Amraz e Zahariya (venereal diseases) or STD belongs to the category of infectious diseases which, includes the Aathishak(Syphilis), Sozak(Gonorrhoea), Warm e kanjaram zaharia (Lymphogranuloma venerium), etc. comes and the newly discovered disease AIDS also a late appendage to them.

In Unani classical literature though there is no direct mention of this disease by a separate nomenclature but under the above mentioned category of amraz e zahariya(VD) there are scattered references find mention, which resembles the similar symptoms and consequences of the dreaded disease AIDS. As it is well known fact that AIDS is a syndrome(combination of many signs and symptoms), the quintessence of Unani medical literature reveals that unnaturality in all walks and aspects of life including the fulfillment of biological desires

---

Vice Principal, Govt. Unani Medical College, Chennai - 106.

AMUDHAKALASAM SIDDHA LITERARY RESEARCH CENTRE

especially sex (Homosexuality and extra marital sex) results several fatal diseases like AIDS.

AETIOLOGY:

According to Unani system of medicine the ASBAAB E SITTE-ZAROORIYA(The six essential factors) are responsible for the preservation of health and cause of any disease.

The are

i. HAWA(Air)
ii. MAKOOLATH -O-MASHROOBATH(Food And Drinks)
iii. HARKAT -O- SUKOON- E- BADANI (Physical Activity And Rest)
iv. HARKAT –O- SUKOON -O- NAFSANI(Psychic Activity And Rest)
v. NAUM –O-EGHZA(Sleep & Wakefulness)
vi. ISTIFRAGH O IHTEBAS(Elimination And Retention)

The contamination of Air and water pollution is a common cause of deterioration of health of the masses especially in the developing countries. The importance of balanced diet and evil effects of adulteration of food are commonly known to public. The Harkat-O-Sookoon- E- Badani-O- Nafsani plays an important and pivotal role particularly in ones day to day life, whether it is domestic, professional, community oriented, social life or behavioral aspects of the individual which includes sexual thoughts and desires which may some time under influence of some unnatural factors stimulates perversion of unwanted sexual relationship like homosexuality, extra marital relationship with multi sexual partners, etc. This leads to making the body as reservoir of infections as well as the carrier of many diseases especially STDs including HIV/AIDS.

Sex is not a crime. It is as natural biological desire of the living being as appetite. The former leads to sexual indulgence and the later leads to fulfillment of natural necessity to gain lost energy through the food. If there is a defect in digestion, may be due to faulty eating, stress, anxiety etc. causes loss of appetite, constipation, diarrhoea or other minor GIT disorders. Similarly if sex is not controlled properly within marital bindings, it spoils not only the individual but also the family, community, society and the nations at large. Because of this unlimited, unchecked and uncontrolled perverted behaviour of sexuality causes the diseases like HIV/AIDS, which is spreading through out the world like wild fire and victimizing both the innocents and criminals of perverted sexual acts, alike.

AMUDHAKALASAM SIDDHA LITERARY RESEARCH CENTRE

In the year 1981, in USA there was a major holocaust occurred which sent the shock waves to the whole world when 2 cases were reported with a lethal form of pneumonia and malignant condition was found and later it was known that it was due to Retrovirus and named as Human immunodeficiency virus or the killer disease AIDS. Today it is terrorizing the developed and developing countries with its harvest of human lives and threatening the very fabric of human society. It incapacitates people in their most productive age, resulting several direct and indirect economic costs. The causes of this dreaded disease may be summarized as follows:

- ★ AIDS specific organism is called HIV.
- ★ AIDS spreads, through sexual contacts with infected men or women, through semen or vaginal secretions or saliva or multiple sex partners.
- ★ AIDS spreads through drug addicts through use of unsterlised needs
- ★ AIDS spreads through infected mother to child.
- ★ AIDS spreads through transmission of infected blood.

PATHGENESIS OF AIDS: The HIV retroviruses having ability to incorporate a DNA copy of their RNA genome into DNA of the host cell, then they rapidly develop and cause some forms of leukaemia and lymphoma. These viruses suppress the T helper(CD^4) cells and thereby damage the immune system leading to other pathogens causing opportunistic infection like, fever, diarrhoea, piles, skin problems cough, mental confusion, pneumonia and tuberculosis.

HOW TO WIN OVER THIS DISEASES?

The whole scientific world is in the pursuit of invention of effective remedy or vaccine for this dreaded disease but no fruitful results are achieved so far.

Hence, there is a need to put much stress on the preventive aspect of this disease which may undoubtedly result in the decline of statistics of HIV/AIDS patients in the country.

THE PREVENTIONS OF AIDS:

The Unani physicians followed the principle of HIFZ E MATAQADDUM AFZALUDDAWA prevention is better than cure.

This may be achieved by successful implementing the following points.

AMUDHAKALASAM SIDDHA LITERARY RESEARCH CENTRE

★ Through Health education

★ Through Moral Education

HEALTH EDUCATION

1. This may be effectively carried out by the active participation of NGOs and also by governments body with help of mass media, Audio-visual aids and organizing the special camps to generate awareness among the public, explaining the dangers, hazards and consequences of this disease.
2. By introducing the sex education in school curriculum for the X std onwards particulars concentrating in the STD's and their prevention.

MORAL EDUCATION:

It is very much essential and the need of the hour to change the minds, moods and behaviour of the people particularly the youth in developing their personalities with high morals and religious teaching to fight, prevent and eradicate the STDs. It is emphasized here that the western type preventive programme is designed in such a manner to suit the commercial interest i.e. to advocate the people with the following anti-STD slogans campaign ie. avoid yourselves from STD/AIDS through safe sex and use condom. This is nothing but a non-sense and immoral advice. No religion talks of safe-sex and unsafe sex outside the wedlock. All religions talk only of legitimate sex within the rules of religion and nothing outside. To advice have sex never mind with whom you wish but use condom is a cruel joke for the young generation. To act on such advices will lead to moral condemnation for life.

Hence the following moral model of STD prevention programme is given for the better practice of the individuals, NGOs and Public Sector etc.

i. Measures at the Individual level: - Avoid sex with anybody other than marriage partner.
ii. Measures at the Social level
   - Strengthening the institute of marriage
   - Campaign against promiscuity and addiction
iii. Measures at the Govt. level against the commercialization of sex
   - Total and effective ban on prostitution and rehabilitation of prostitutes
   - Total ban on all intoxicants

AMUDHAKALASAM SIDDHA LITERARY RESEARCH CENTRE

- Effective laws against pronographic literature and censoring of vulgar advertisements etc.

MEASURES TO BE TAKEN FOR THE PREVENTION OF AIDS GLOBALLY

- ★ Adequate and equitable provision of Health care to the growing number of HIV infected people
- ★ Treatment for other STDs which increase the peoples biological vulnerability to HIV infection
- ★ Reduction of women socio –vulnerability to HIV infection by improving their education, legal status and economic prospects.
- ★ A more supportive socio-economic environment for AIDS prevention.
- ★ The greater focus on conveying effectively the completing public Health rational for over coming stigmatization and discrimination.

MANAGEMENT OF HIV /AIDS PATIENTS:

While coming to management of HIV/AIDS patients it is quite essential to be borne in mind the following by the physician:

Give good hope to the patients of AIDS by explaining them that

- ★ They will live a long time
- ★ Their baby will be healthy
- ★ Any sickness will be well attended and treated as it comes
- ★ Remedy will be found by the scientist in near future.

According to Dr. Deivanayagam renowned physician of Tamil Nadu and renowned authority on AIDS if the patient is healthy with essential nutrients and the functioning of bonemarrow, liver and the lymph are normal then there is no need to worry about the infection and the patient can live with virus, the patient and his virus are symbiotic. He has also suggested to enhance both the spiritual and mental province by any system of medicine which have bearing on endocrine system and perhaps a bearing on the immune system through the endocrine tissue.

Since there is no definite cure for HIV/AIDS is available at present, the line of treatment of this disease should be the strengthening of psychic faculty which provides and further strengthen the Tabiyat whose function is protecting the body by stimulating the immune system.

AMUDHAKALASAM SIDDHA LITERARY RESEARCH CENTRE

For this purpose the drugs mentioned by Unani physician under the title of Musafiyath (Blood purifiers) may be administered. Blood purification is an umbrella term which means the entire abnormalities and excess matters of the blood will be evacuated by these blood purifying agents. The blood impurities mentioned by the Unani physician which includes

★ Bacteremia ★ Viraemia ★ Hyper Uraemia ★ Hyper Uricaemia ★ Hyper lipidemia ★ hyperglycemia ★ Septicaemmia ★ So on so far.

The drugs mention in Unani literature under blood purifiers acts alone or collectively, against the above mentioned impurities, since in AIDS there is viraemia and possible bacteremia because of opportunistic infection, the drugs having properties of blood purification may be used are as follows:

★ Afthimoon *(Cuscuta Chinensis)* ★ Hina*(Lawsonia Alba)* ★ Shahithra*(Fumeria Officinalis)* ★ Daroonj Akhrabi *(Doronicum hookarii)* ★ Ushba *(Smilax Ornata)* ★ Sandal *(Santalum Alba)* ★ Khaksi *(Sisymbrio Iori)* ★ Qusth *(Saussurea Lappa)* ★ Kalonji *(Nigella Sativa)* ★ Charayatha *(Swertia Angustifolia)* ★ Chob Cheeni *(Smilax Chinensis)*

REJUVINATORS OF VITAL ORGANS

By strengthening the individual body organs especially vital organs by giving strength to various tonic drugs which are specifically find mention in the Unani literature like

★ Muqaviyath Jigar*(Hepato tonic)* ★ Revand Cheeni*(Rheum Emodi)* ★ Beekh Kasni*(Cichorium Intybus)* ★ Asaroon*(Valeriana Wallichi)* ★ Thukhm Kasoos*(Cuscuta Chinensis)* ★ Sumbul ut Thib*(Valeriana Officinalis)*

★ Muqaviyath Dimagh wa Aasab*(Nervine tonic)* ★ Usthukhuddoos*(Lavendula steochus)* ★ Asgand*(Withania Somnifera)* ★ Barhami*(Hydrocotyle asiatica)* ★ Azaraqi*(Strychnos Nuxvomica)* ★ Vaj*(Acorus Calamus)*

★ Muqaviyath Qalb *(Cardio tonics)* ★ Gauzuban*(Borage Officinalis)* ★ Mushk*(Musk)* ★ Baadranj boya ★ Balangoo ★ Abraisham*(Silk cocoon)*

★ Muqaviyath Meda wa ama*(Gastro Intestinal tonics)* ★ Amla*(Emblica Officinalis)* ★ Zanjbeel *(Zingiber Officinalis)* ★ Khulanjan*(Alpenia Galanga)* ★ Masthgi*(Pistacia Lentisicum)* ★ Haleela*(Terminalia Chebula)*

★ Muqaviyath e Dam*(Haemotonic)* ★ Faulad *(Iron)* ★ Anar*(Punica Granatum)* ★ Khurma*(Phoenix dactilifera)* ★ Maul laham ★ Heera kasees*(Ferrous Sulphate)*

AMUDHAKALASAM SIDDHA LITERARY RESEARCH CENTRE

COMPOUND DRUGS:

The following compound drugs may be administered, in AIDS cases as some are having antiviral activity as well as rejuvenating properties by which, the immunity of the body will be strengthened and they protect from opportunistic infections.

Tiryaq E Araba, Tiryaq E Wabayi, Khameera e Gauzuban Amberi Jawahirwala, Khameera Abresham Hkm Arshad wala, Dawaul misk Bijawahirwala, Majoon e Muawiul Arwah, Laboob Azam, Qurs khusth e Sumulfar, Qurs e Jawahir mohra, Majoon E Choob cheeni.

REFERENCES:

1. Annonymous : AIDS, A guide to understanding of HIV/AIDS, EMMA trust, T. Nagar, Chennai (1996) page 1-10
2. Annonymous : Hand book on Aids home care, WHO Regional Office for South East Asia, New Delhi(1996) page 42-42, 51, 60-61, 67,70.
3. Annonymous: Theories and Phylosophies of Medicine, II edition, I.H.M.M.R., New Delhi(1973)
4. Annonymous: Wealth of India , Vol. I-X.
5. Chopra R.N.: Nayar I.C, Chopra I.C Glossary of Indian Medicine plants, Council of Scientific and Industrial Research New Delhi.
6. Deivanayagam & Desikachari T.V.K: The Hindu, Interview regarding HIV published on 30th May, 1999 page 7, (Magazine section)
7. Farooqui M.I.H.: Plants of the Qural Sidrah Publishers, Lucknow – 1992.
8. Gruner O. Cameron: A treatise on the Canon of Medicine, Luzac & Co. London(1930)
9. Ibn e Seena: Alqanoon fit tib, (Urdu translation by Hkm Ghulam Hussain kanthoori),Munshi Nawal kishore press- Lucknow(1930).
10. Ismail Jurjani : Zakeera e Khawarzim Shahi(Translated by Hkm Haadi Hussain Khan)Munshi Nawal kishore press- Lucknow.
11. Mazhar H Sha: The general principles of Avicenna's Canon of Medicine, Karachi, Pakistan, II edition(1998)
12. Md.Kabeeruddin: Kitabul Advia, Maghzainul Mufradath, Dftarul Maseeh(1936) Delhi.
13. Md. Kabiruddin : Takmelae – Kitabul Advia, Daftarul Maseeh, Bazaar, Nurul Amrah, Hyderabad Dekkan, 1939.
14. Nadeem Sheriff: Supplement to the pharmacopoes of India, Government Gazette Press(1869)
15. Nadkarni, KM: Indian Materia Medica, Popular Book Depot, Bombay
16. Najmul Ghani: Khazainathul Advia, Munshi Nawai kishore press- Lucknow(1917)
17. Safiuddin: Unani Advia Mufrada, Taraqi Urdu Bureau, New Delhi (1982).

AMUDHAKALASAM SIDDHA LITERARY RESEARCH CENTRE

HIV MANAGEMENT IN AYURVEDA

Dr. Ch. Ramakrishnamacharya, M.D. (Ay.) Ph.D.

Health and Ayurveda:

Health is a state of equilibrium of dosha, dhatu, mala, manas, atma, indriyas, and agni i.e. physical, physiological and psychological functions of body. Ayurveda advocates personal and social hygiene along with good behavior and conduct, which are called swastavritta, sadvritta and sadachara. Imbalance among these due to various nidanas (etiological factors), effecting through samprapthi (patho physiology) produces disorders. Ahara (food), Achara (conduct), Vihara (physical exercises/ activities) should be good in quantity and quality if health is desired. Oushadhas (interventions) are needed, in disease conditions to bring the vitiated doshas in to normalcy to restore health.

Swasta vritta:

Dinacharya: This describes the personal and social hygiene particularly in day to day affairs. It includes do's and don'ts from dawn to dust. Rising from the bed at early hours, dantadhavan(brushing), abhyanga, snana(bath), nasya, personal cleanness (shoucha) during natural urges, etc. are to be followed strictly according to individual needs according to the texts.

Ahara (foods), vihara (physical exercises), nidra (sleep) etc are to be followed according to principles of Ayurveda to keep fit.

Ritucharya :

Ahara, vihara, and special therapies such as panchakarma should be administered according to the ritu (seasons) to maintain normal health.

For e.g. In Hemantha ritu, foods of madhura rasa, amla rasa, flesh of sea shore animals to be eaten. Sugarcane, muscle fat etc are to be taken in this ritu. In Sisira ritu foods having guru guna, and seetha guna are to be avoided. Daytime sleep is prohibited. Sweet and fat foods are also prohibited.

Virechana, a kind of panchakarma is indicated in Sarat ritu.

Asst. Medical Officer (Ayurveda), Govt. Anna Hospital of Indian Medicine, Chennai.

AMUDHAKALASAM SIDDHA LITERARY RESEARCH CENTRE

Gramya dharma:

A special reference is made towards sexual activities to keep health as well as to have healthy progeny. It advises the intercourse with healthy partners and prohibits with prostates and unhealthy partners. Sexual intercourse with Anyayoni (non human sexual organs), Dustayoni (infected organs), etc are causative factors of sexually transmitted diseases (STD).

Sadvritta and Sadachara:

A good conduct and character is very essential to every human being. This keeps not only the individual but also society in sound health. Do's and don't s are prescribed for personal including sexual, and social behavior in sadvritta and sadachara. One should not indulge personal, sexual, wrongful and sinful activities. Steal, impersonate, greed, etc are to be avoided. Respecting elders, God, authorities and participating social activities are some of the other aspects of sadvritta and sadachara.

Ten commandments such as avoiding Himsa (cruelty), astheya (stealing), anyatakama(unlawful sex), parusha (harshness), etc as stated by Vagbhata in Astanga sangraha are to be strictly adhered.

Knowledge of diseases :

Codified Ayurveda textual references are available for understanding of diseases and their management through various interventions. Nidana – oetiology, Samprapthi- patho-physiology, Poorva roopa- prodromal symptoms, Roopa- clinical features- signs & symptoms, Bheda- prognosis etc are described for various disorders. Based on the involvement of tridoshas, dhatus, etc diagnosis and management for diseases are arrived. E.g. Madhumeha (diabetes), Vatarakata (arthritis), etc.

But when the description of a syndrome or disease is not available in classical texts, lakshanas -clinical characters (signs & symptoms) shall provide some guidelines to understand and interpret the involvement of tridoshas, dhatus and other related patho-physiology in the diseased condition. After careful consideration of the nidana and smprapthi hypothetical selection of drugs may be arrived which may be testified to find the efficacy of those drugs. Observations on the out come of the results shall be incorporated in medical sciences and update the science for future applications. E.g. Phiranga (gonorrhea), Bhrama/ raktachapadhikata(hypertension) etc.

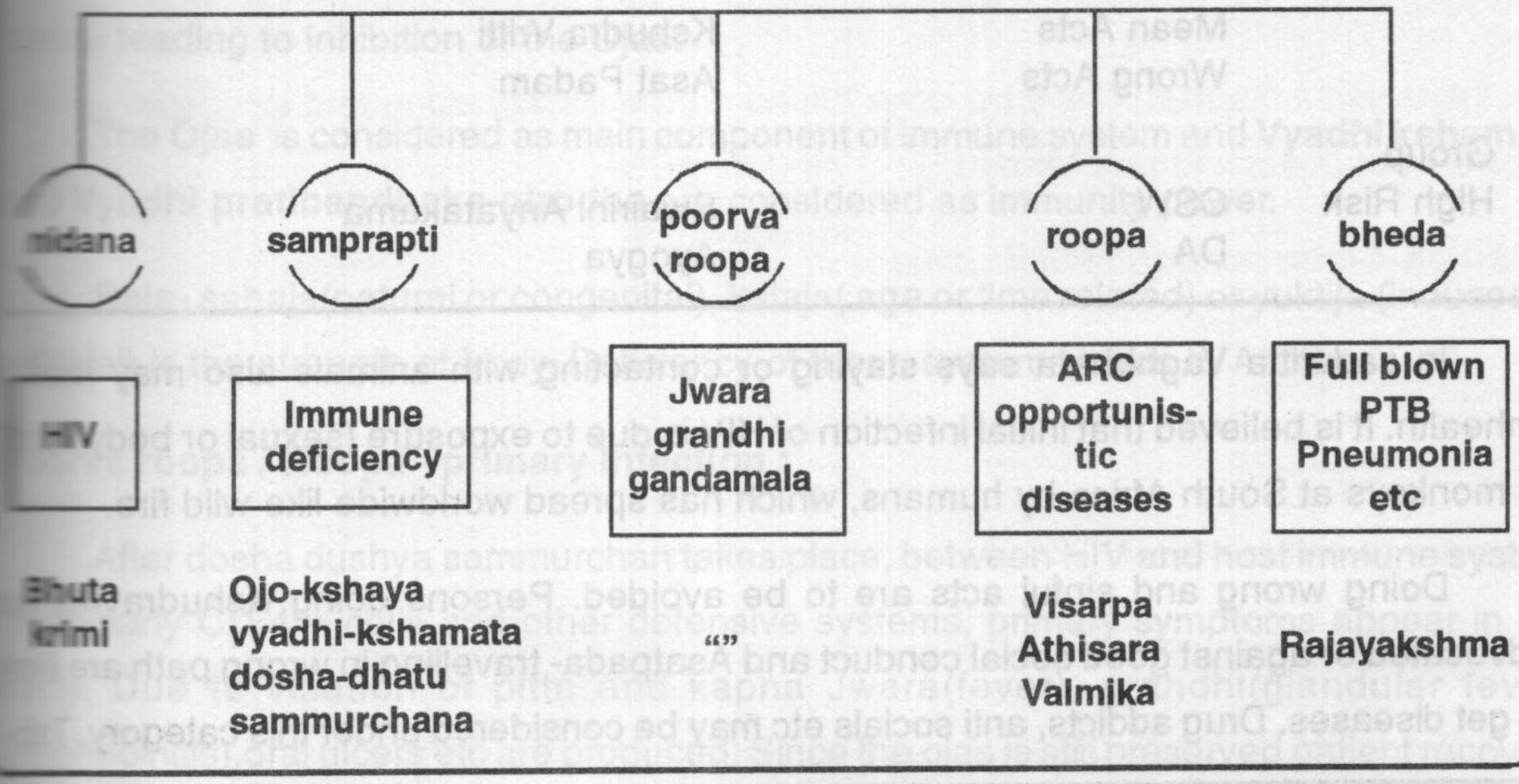
AMUDHAKALASAM SIDDHA LITERARY RESEARCH CENTRE

HIV- An Ayurvedic Concept :

Acquired immuno deficiency syndrome (AIDS) is a caused by a virus called Human immuno deficiency virus (HIV). Though there is no direct reference to this disease in classical texts is available a comparative study as given below shall provide some interpretation resulting to equate with **"Shosha"** in which Ojas, a component to provide immune system diminished. Fig 1.

Fig : 1

AIDS - AYURVEDIC CONCEPT



Nidana-Oetiology:

HIV is infected through sexual contact, as in men doing sex with men (MSM), infected partner, and other routes include the needle sharing in drug addicts (NSDA), and mother to child during pregnancy or delivery.

Ayurveda while advocating gramya dharma (sexual behavior) prohibits doing sex in Ayoni or Ananga (non-sexual organ) i.e. anal or oral sex etc. It also prohibits sex with Anyayoni (non-human sex organ) i.e. sex with animals.

The sexual intercourse with Dustayoni- infected partners or Commercial sex workers (CSW) shall produce HIV infection.

AMUDHAKALASAM SIDDHA LITERARY RESEARCH CENTRE

Tab 1

HIV SPREAD AND GROUPS

Causitive Factors		
Sexual	Homosexual (MSM)	Ananga Ayoni Samsarga
	Hetero Sexual	Dusta Yoni
		Infected Sex Organs
	With Animals	Anya Yoni
	Unhyegeinic	Ashoucha
Drug Addicts		
	Mean Acts	Kshudra Vritti
	Wrong Acts	Asat Padam
Group		
High Risk	CSW	Swairini Anyatakama
	DA	Ayogya

In sadvritta Vaghbhata says staying or contacting with animals also may lead to unhealth. It is believed that initial infection of HIV is due to exposure (sexual or body fluid) to monkeys at South Africa by humans, which has spread worldwide like wild fire.

Doing wrong and sinful acts are to be avoided. Persons doing Kshudravritti-not advocated or against good social conduct and Asatpada- travelling in wrong path are likely to get diseases. Drug addicts, anti socials etc may be considered under this category. Tab-1

Tab 2

INCIDENCE OF SEX / AGE IN AIDS

Major Age Group (Age in years)	15-29	6022	(males)
		2360	(females)
n - 20304	30-44	7621	(male)
		1692	(female)

SPREADING CAUSE FOR HIV

Major Cause	Sexual	82.6%
	Other	17.4%

Courtesy NACO report 2001

AMUDHAKALASAM SIDDHA LITERARY RESEARCH CENTRE

Shoucha- cleanness is very much important to prevent infection. Cleaning the private parts after coitus is essential and Ashoucha (unhygienic) causes the sexually transmitted diseases including HIV. Condom use is one of the best-protected sex.

Whatever the spreading factors are involved, the prime cause is HIV which is also be considered under Krimi or Bhuta or Graha invasion. Tab 2

Samprapthi - Patho-physiology:

After invading, HIV affects on immune system and inhibits the immune mechanism. Kapham, a dosha as well as a form of bala is initially vitiated along with pitta and vata becoming Sannipata. Slowly the Rasa, Rakta, Asthi, Majja etc dhatus are deteriorated, further leading to inhibition of the Ojas.

The **Ojas** is considered as main component of immune system and **Vyadhi kshamata** and **Vyadhi pratibandhaka-nirodha** are considered as immunity power.

Bala- sahaja(natural or congenital), kalaja(age or time related) or yuktija (induced or artificial) is the strength of body. Deficiency of these systems leads to AIDS.

Poorva roopa / Roopa –primary infection :

After dosha dushya sammurchan takes place, between HIV and host immune system particularly CD 4 + cells and other defensive systems, primary symptoms appear in the body. Due to vitiation of pitta and kapha Jwara(fever), grandhi(glandular fever-lymphedinitis),oral ulcers etc are produced. Since the ojas is still preserved patient recovers from initial illness and latent symptoms- free stage is set in.

Vyakti and **Bheda- 'AIDS–defined' opportunistic diseases:**

Full blown disease as it is previously known shows the opportunistic diseases as the HIV invasion continues and further diminution of immune CD 4 + cells leads to recurrent attacks of Herpes Zoster, oral candiasis, etc. Kaposi sarcoma, uncontrolled diarrhea, weight loss, infections by Pneumocystis carinii (Pulmonary), Mycobacterium tuberculosis, Toxoplasma gondii(CNS), etc are produced. Malaria is also appeared as the disease advances.

Due to ojo kshaya patient develops Rajayakshma, emaciation- shosha. Cells of CD 4+ become < 350 /cmm and copies of HIV RNA becomes >10000 /ml of plasma and some

AMUDHAKALASAM SIDDHA LITERARY RESEARCH CENTRE

times even >50000/ ml. Maranam (death) is certain when ojas is completely lost.

Vyadhi nishchaya- Diagnosis :

Clinical conditions provide guidelines for diagnosis of HIV. ELISA test is for the presence of antibodies and Westernblot is for quantifying anti body specific viral polypeptide. PCR is to detect viral protein or nucleic acid. p24 protein test is done but less sensitive.

As per Center for Communicable Diseases < 350 CD 4+ cell/mm ^{3}, and >10000 copies of HIV RNA / ml of plasma are considered for HIV diagnosis.

Other lab test shows Anemia < 8 g /dL, neutropenia <1000 / mm ^{3} , thrombocytopenia -<100000/ mm ^{3}, hyper gammaglobulenemia and elevated liver function tests.

Ayurvedic diagnosis may be done based on the clinical signs and symptoms with a special attention towards 'shosha'.

Chikitisa – Intervention / Management :

The treatment consist of Highly Active Anti Retro-viral Therapy (HAART) with the Nucleoside analog reverse transcriptase inhibitors(zidovudine), and Non Nucleoside analog reverse transcriptase inhibitors(delavinidine), and protease inhibitors(nelfinavir). All these drugs are to reduce the viral load by anti viral effect.

But these have limited role in advanced condition of HIV infection.

The drugs in Ayurveda having anti-viral effect and efficacy to increase the immunity shall be selected to treat the HIV / AIDS. Ojo kara ahara and aushadha shall be administered and generally these posses madhura rasa, kashaya and tikta rasa. Guru and snigdha drugs may help to restore the bala and vyadhikshamata. Tridoshahara drugs should be selected in the full-blown condition.

In initial stage jwara hara, raktashodhana, gandamalahara drugs shall be given and in later conditions medicines based on the opportunistic diseases shall be administered.

To sustain the available ojas during the symptom-free period rasayana therapy shall be given and the same may be continued till the patient recovers.

Specific yogas- combinations of medicines should be given during AIDS- define opportunistic diseases. In the Rajayakshama, Chyavanaprash lehya, Aswagandha

AMUDHAKALASAM SIDDHA LITERARY RESEARCH CENTRE

rasayana, etc should be given. Kutajarista and Bilwadi lehyam shall be given in uncontrolled diarrhea. In Agnivisarpa –zoster, and kaposi sarcoma raktashodhana drugs such as Gandhaka rasayana, Thiktaka ghritam, Amritabhallataki etc are to be given. Fig 2

Fig : 2

HAART-AYUR

HIGHLY ACTIVE ANTI RETRO VIRAL THERAPY HAART

- NARTI
- NNARTI
- PI

ADJUVENT WITH AYURVEDICS

- Ojokara
- Raktasodhana
- Vyadhihara
- Kshaya hara

Promisable medicines :

Why promisable? Since the treatment for HIV / AIDS with ayurvedic drugs are still debatable *sure-cure* is to be established through clinical studies in large samples.

However the following medicinal plants are tried in viral infections and found effective. May be these will help as anti-retro viral drugs from ISM.

● Aswagandha	*Withania somnifera*
● Haridra	*Curcuma longa*
● Nimba	*Azadirachta indica*
● Tulasi	*Ocimum sanctum*
● Bhallataki	*Semicarpus anacardium*
● Amalaki	*Embelica officinalis*
● Tamalaki	*Phyllanthus niruri*
● Yastimadhu	*Glycyrrhiza glabra*
● Bakuchi	*Psoralea corylifolia*

AMUDHAKALASAM SIDDHA LITERARY RESEARCH CENTRE

Yogas :

- Amritaprash ghritam
- Chyavanaprasha
- Amalaki rasayana
- Gandhaka rasayana
- Madhuyasthi choornam
- Sitopaladi choornam
- Poornachandrodya
- Pravaal bhasma
- Dhanvantara gulika
- Amritabhallataki

Prevention :

Nidana parivarjana- Prevention is better than cure.

Avoid Ayoni, Anyayoni and Dustayoni samparka.

Follow Sat marga, stay away from kshudra vritti.

Follow Sadachara and swastavritta.

Teach moral education in schools.

Introduce sex education in schools / colleges.

Strategies :

The governments and non-government organizations are involving in education, prevention, and management of HIV / AIDS through various activities. Financial assistance is available from various corners to combat the HIV. But great share of this assistance is spent towards other than clinical management. Even among these hte grants to ISM is nil or very meager. Tab - 3

Tab : 3

FINANCE ASSISTANCE TO COMBAT AIDS

Govt. of India	196.00
World Bank	959.00
Others	270.00
(in crores) **TOTAL**	1425.00

ALLOTMENT TO SCHEMES

Prevention		Institutional strength	286.50
High risk group	265.60	Inter sectoral collabaration	50.60
low risk group	389.00		
Cure	163.00		
(in crores)			

Courtesy NACO report 2001

AMUDHAKALASAM SIDDHA LITERARY RESEARCH CENTRE

The governments and NGO s should invite ISM personnel to involve in clinical research with adequate funds and establish individual research centers to undertake updated research work.

References:

1. Vagbhata. Astanga sangraha, Sutra stana. Choukamba orientailis. Varanasi India.
2. Hope R A Oxford Handbook of Clinical Medicine. Oxford University press. New York.
3. Anonymous. Report on AIDS National AIDS control organization. Govt. of India. 2001.

AMUDHAKALASAM SIDDHA LITERARY RESEARCH CENTRE

ABSTRACTS

AMUDHAKALASAM SIDDHA LITERARY RESEARCH CENTRE

OPIA-1

SCOPE FOR AUTOMATION OF PULSE READING, A NON-INVASIVE SIMPLE DIAGNOSTIC TOOL USED IN SIDDHA SYSTEM OF MEDICINE

ANANDAN.T SIVAPRAKASAM. K
Central Research Institute for Siddha, Arumbakkam, Chennai - 600 106.

Pulse reading is used in different traditional systems of medicine contributed by different cultural traditions like Chinese, Greek and Indian. But in Siddha system of Medicine it is a most versatile, the basic and one of the eight entities used as a tool to diagnose the diseases based on the vitiation of humours. This is considered as one of the noblest and most sublime contribution to the entire medical world. A closer scrutiny of Siddha literature reveals that abundant literatures have elaborate description about the pulse reading and it is considered as fundamental basis. But in current computer world there is a greater scope for automation of Pulse reading which is very simple, non invasive and inexpensive using the concepts like Fuzzy logic, Neural networks, Neuro Fuzzy and Genetic Algorithm by comparing the different parameters obtained from wave form by Doppler's phenomenon. It is discussed in detail in the full paper.

OPIA-2

SCOPE FOR STUDY OF ANCIENT INDIAN MEDICAL LITERATURE IN TIBETAN MANUSCRIPTS

PADMA GURMET
Amchi Medicine Research Unit Leh (CCRAS), Leh, Ladakh, J&K 194101.

The age-old relation between India and Tibet has resulted in the translation and preservation of thousands of Indian literature on religion, art, culture, language, medicine and other sciences. The Sanskrit originals of many of these works are not available now. It is therefore very important to generate adequate interest of Indian scholars to study and conduct research in this field to reconstruct some of the very important works and knowledge of ancient India. The translation of Indian literature into Tibetan language has been started from 7th century with introduction of Buddhism to Tibet and continued till early 19th century.

AMUDHAKALASAM SIDDHA LITERARY RESEARCH CENTRE

During this period hundreds of Indian scholars were invited to Tibet and Tibetan students and scholars were sent to India for study and translation of Indian literatures. Thanks to their dedicated work today. Tibet is quite rich in every section of literature and thousands of Indian literature is easily available to study in Tibetan language.

There are 22 different translated Indian medical works containing 47,000 verses preserved in Tibetan Buddhist canon Stan-Gyur and many other texts, also preserved in non-canonical forms. Most of these texts are written by well-known Indian scholars like Nagarjuna, Vagh Bhatt and Chandrananda etc. who are highly respected by both Tibetan and Indian scholars. Amchi Medicine Research Unit Leh have been conducting research on ancient Tibetan manuscripts since a long time, during these studies these Indian origin texts were came in to light. There are five texts of Nagarjuna, two texts of Vagh Bhatt, three texts of Chandranandan and two texts of Vyadipada along with ten other Indian medical literatures, preserved in Tibetan Buddhist canon Stan-Gyur. It is found during our study that Sanskrit originals of most of these texts are no more available. The texts with Sanskrit originals have also good scope for comparitive study.

OPIA-3

ROLE OF TABIYAT, IN REGULATION OF *HARARATE GHAREEZIA*

KHALID ZAMAN KHAN
Dept. of Kulliyat - A.K. Tibbiya College, Aligarh Muslim University, Aligarh.

Hararate Ghareezia (innate body heat) is responsible for life and maintainance of the different functions of the body and due to this temperature, the human being is alive. If this temperature is lost, the human being will die. If this normal temperature rises the functions of the body will get disturbed. The tabiyat-e-Insaniya controls the body temperature and maintain the equilibrium between thermogenesis and thermolysis. The Unani physicians discussed the mechanism of thermogenesis and thermoloysis in their works. The concept of Hararate-e-Ghareezia and its control by the tabiyat (Medicatrix naturae) will be discussed in the full paper.

AMUDHAKALASAM SIDDHA LITERARY RESEARCH CENTRE

OPIA-4

CLINICAL EVALUATION AND STANDARDIZATION OF SIDDHA DIAGNOSTIC TOOL - "MANIKKADAI NOOL"

P. BABU.
NATURALAYA CLINIC, ERODE-4

Every medical system has its own diagnostic methods. Siddha Medicine, a branch of Indian systems of Medicine too, has its specific diagnostic methods and tools. The present clinical evaluation was carried out to analyse and establish the principles of diagnostic method, "Manikkadai Nool" and to standardize it for clinical applications. This clinical evaluation was done on 488 patients of various diseases under 12 categories. The results of the study are very impressive. This method can be used not only for the diagnostic purpose but also for the predictions and prognosis of the disease. The non invasive method, Manikkadai Nool can be applied by medical professional anywhere for all age groups of patients for any disease at nil expense. The full details of the study are given in full paper.

OPIA-5

THERAPEUTIC IMPORTANCE OF AYURVEDIC RASAYANA DRUGS WITH A SPECIAL REFERENCE TO THEIR MULTI DIMENSIONAL ACTIONS

*** S.K. Brahma , ** P.K. Devanath**
* S.J.S Ayurveda College, Nazarthpet, Chennai - 602 103
** J.B.Roy State Ayurveda Medical College, Raja Dinendranath Street, Kolkata - 4.

"Rasayana" which when classically translated means "rejuvenating drugs". Several properties like delaying of ageing, improving mental & cognitive functions, giving freedom from several diseases including those caused by infective organisms can be attributed towards this. Rasayana reveals the interrelationship between the neuro endocrino-immune systems what the modern science is attempting to find out now. Present scientific reports on rasayana drugs suggest that their utilities are not confined to a single axis or a single system. However these drugs act in the human body by simultaneous modulation of the above three systems, viz., the neuro-endocrino-immune systems. In the present era of

AMUDHAKALASAM SIDDHA LITERARY RESEARCH CENTRE

pollution and population giving rise to multiple diseases mainly relating to the above three systems, the importance of rasayana drugs have been increased by multifold. Their anti stress-adaptogenic activities have given a big thrust towards that treatment of various stress related disorders. Stress itself is a neuro-endocrino-immune phenomenon. Their simultaneous immune modulator, memory enhancing, anti-oxidant and neuro protective actions have made them quite important to be administered in the conditions relating to the above activities.

This paper attempts to prove rasayana drugs as neuro-endocrino-immune modulators and discusses their indications and importance in therapeutics.

OPIA-6

CONCEPT AND SIGNIFICANCE OF FASAD (VENESECTION) IN UNANI SYSTEM OF MEDICINE

CHAND USMANI S.S. HAMEED S.I. AHMED
Govt.Unani Medical College, Chennai - 600 106.

In Unani system of Medicine the treatment of diseases has been divided into four major groups, namely Ilaj Bil Ghiza(Dietotherapy), Ilaj bid Tadbir(Regimental therapy), Ilaj Bid Dava(Pharmaco therapy) and Jarahiyat (Surgery).

The Fasad (Venesection) or blood letting is one among the twelve kinds of ilaj bid tadbir (Regimental therapy). The ancient Unani physicians right from Buqrat (Hippocrates), Jalinoos (Galen) to Boo Ali Sena(Avicenna) and almost all Unani physicians have laid more stress on Fasad (Venesection) in the diseases caused due to plethora of humours especially of Dam (Sanguine Humour) in the diseases of head, joints and fevers.

The views of ancient Unani physicians on Fasad and its usage of this unique therapy according to the present trends and needs in treating the various diseases as complementary and supplementary therapy will be discussed in detail in the main paper.

AMUDHAKALASAM SIDDHA LITERARY RESEARCH CENTRE

OPIA-7

ETHICAL GUIDELINES FOR CLINICAL EVALUATION OF HERBAL REMEDIES

M. LOGAMANIAN
P.G. Medicine Department,Govt. Siddha Medical College,
Arumbakkam, Chennai - 600 106.

World Health Organisation (W.H.O) and Indian Council of Medical Research (I.C.M.R) has ethical guidelines for research on human subjects. All the research involving human subjects should be conducted in accordance with the four basic ethical principles namely, autonomy, beneficence, non-maleficence (do no harm) and justice. The herbal products can belong to either of the three categories in I Phase, II Phase study and III Phase trial. However, when clinical trials of herbal drugs used in recognized Indian Systems of Medicine like Ayurveda, Siddha, Unani and Homeopathy, are to be undertaken in Allopathic hospitals, association of physicians from the concerned system as co-investigation collaborators / members of the expert group is desirable for designing and evaluating the study.

AMUDHAKALASAM SIDDHA LITERARY RESEARCH CENTRE

OPIB-1

ANTIOXIDANT ACTIVITY OF *SPIRULINA PLANTENSIS* IN ADJUVANT INDUCED ARTHRITIC RATS

G. VIJAYAKUMAR S.VENKATARAMAN
Dept. of Pharmacology & E.T., Dr. ALM Post Graduate Institute of Basic Medical Science
Tharamani, Chennai - 600 113.

Spirulina plantensis (SP) a blue green algae, is used as a food supplement. since it contains 65% of all digestable vegetable protein with highest concentration of beta carotene trace elements and essential fatty acids GLA. The present study is undertaken to evaluate the antioxidant activity of SP in adjuvant induced arthritic rats. SP treatment at the dose of 1500mg/kg b.w./p.o. showed a significant ($P < 0.001$) increase in both enzymatic and non-enzymatic antioxidant levels when compared to untreated arthritic rats. The antioxidant activity of SP may be attributed to the high beta carotene content and also due to the presence of trace elements like Zinc, Selenium, Copper, Magnesium, Manganese which are co-factors for the enzymatic antioxidant like Superoxide dismutase, Catalase, Glutathione peroxidase. The results will be discussed in detail.

OPIB-2

EFFECTS OF QUERCETIN AND GENISTEIN ON RAT BONE MARROW STEM CELLS

SITTA DJODY. S. LLANGOVAN. R BALAGANESH M SRINIVASAN. N.
Department of Endocrinology, Dr.ALM Post Graduate Institute of Basic Medical Sciences,
University of Madras, Taramani, Chennai - 600 113, INDIA.

Flavanoids are a group of substances with variable phenolic structures and are found in fruits, vegetables, grains, barks, roots, stems, flowers, tea and wine. These natural products are known for their beneficial effects on health. Quercetin, the flavonol is widely used as antiallergic, antiulcer and anticancer drugs and also for treatment in pancreatitis. Genistein, the isoflavone is known for its anticancer effect. These flavanoids block the mitogenic effects of growth factors and bring their anticancer effect. On the other hand, growth factors are the major regulators of bone remodeling in the recruitment of stem cells from the bone marrow and their conversion to bone cells. Since, informations are scarce regarding the

AMUDHAKALASAM SIDDHA LITERARY RESEARCH CENTRE

regulation of flavanoids on bone marrow stem cell function and growth factor- induced function, the present study was designed. Bone marrow stem cells were isolated from rat femur bone, cultured and directed them to osteoblastic lineage using osteogenic medium followed by treatment with IGF-I (30 ng/ml), quercetin (0.1 mM and 1 mM), genistein (1 mM and 10 mM) for 24 h. Proliferation was assayed using crystal violet method. The results will be discussed in the light of available literature.

OPIB-3

ANTI-HYPERTENSIVE ACTIVITY OF AMURI FROM MUSA PARADISIACA (L) - A PILOT PHARMACOLOGICAL STUDY

***R. SUDHA **M. JEGADEESAN ***B. JAIPRAKASH**
*Dept. of Siddha Medicine, Tamil University, Tanjore.
**Dept.of Pharroacognosy and Phytochemistry, ***KLES's College of Pharmacy, Hubli

Amuri is a kayakalpa drug in Siddha system of medicine indicated for all diseases as single drug or adjuvant with other drugs. In Kandar nadi vakkiyam, an unpublished Siddha literature a specially extracted liquid from plantain juice (*Musa paradisiaca L.)* with Guru chunnam on full moon day is termed Amuri. In this work the efficacy of this drug for hypertension is examined through animal models, for evaluating its potency on the CVS. The drug was screened for all possible mechanisms that alter blood pressure 1) Diuretic activity: in albino rats 2) Anti anxiety activity: in mice 3) Calcium channel blocking activity 4) Cholinergic stimulant activity and 5) b-adrenoreceptor blocking activity in isolated frog heart.

The drug has shown diuretic activity at 8ml and 10ml/kg body wt. dose level, comparable to 2.5 times more than normal group. In anti-anxiety activity evaluation using Rota-rod instrument amuri does not show decline in falling time of mice from rotating rod as compared to normal. In isolated frog heart study amuri showed 10% reduction in heart rate at lower doses and 38.23% reduction in force of contraction at a dose of 1ml, indicating a negative ionotropic and negative chronotropic effect. Amuri totally blocks the adrenaline-induced force of contraction by 83.35% reduction in heart rate at a dose of 0.6ml, attributable to b-adrenoreceptor blocking activity. Prior administration of atropine does not block the

AMUDHAKALASAM SIDDHA LITERARY RESEARCH CENTRE

heart rate induced by atropine but totally blocks the force of contraction from 34.37% to 6.66%, showing presence of cholinergic component in the preparation. Amuri on digoxin-induced response does not show any effect on normal heart rate but totally blocks the digoxin-induced force of contraction. In high doses Amuri shows inhibitory effect on heart attributable to calcium channel blocking property. We conclude that Amuri has significant anti hypertensive activity.

OPIB-4

HEPATOPROTECTIVE EFFECT OF THE UNANI DRUG JHAU *(TAMARIX GALLICA)* AGAINST CCl_4 INDUCED HEPATIC DAMAGE IN ALBINO RATS

FAKHR-E-ALAM K.M.Y. AMIN N.A. KHAN
Department of Simul Advia
A.K. Tibbiya College, AMU, Aligarh.

The efficacy of Unani drugs should be confirmed by new scientific methods, both to increase the assurance of their therapeutic utility and to make them more widely acceptable. Experimental pharmacology offers cheaper and quicker means of preliminary validation besides helping in finding out their mechanism of action in contemporary terms.

The Unani literature has stray reports regarding the hepatoprotective activity of Jhau *(T.gallica)* leaves. But as it is extensively used in Tibb-e-Unani for spleenic inflammation and enlargement, it was felt that it could posses good hepatoprotective activity. Therefore, in the present study it was evaluated for protective activity in ccl_4 induced hepatotoxicity in albino rats.

Liver damage was induced in albino rats by administering CCl_4 (0.1 ml/100 gm. B.W. S.C) in single dose and the alcoholic extract of the leaves of *T.gallica* (40 mg/100gm.) was given orally for 6 days. Levels of Bilirubin, AST, ALT and Alkaline phosphatase were estimated in serum.

Treatment with *T.gallica* produced significant reduction in above mentioned parameters in the serum as compared to the group treated only with CCl_4. Therefore, *T.gallica* showed significant hepatoprotective action against CCl_4 induced toxicity in albino rats. The study, therefore tentatively suggests that Jhau *(T.gallica)* should be more commonly used in liver disorders.

AMUDHAKALASAM SIDDHA LITERARY RESEARCH CENTRE

EFFECT OF *OCIMUM SANCTUM* ON NOISE STRESS INDUCED LIPID PEROXIDATION CHANGES IN RAT BRAIN

SAMSON J NAMASIVAYAM. A.
Dr.A.L.M.P.G.Institute of Basic Medical Sciences,
University of Madras, Tharamani, Chennai - 113

We have investigated the effectiveness of different crude extracts of *Ocimun sanctum* (OS) in minimizing the harmful effects of oxidative stress induced by acute noise stress. The effects of exposure to Broad band (white) noise (100dB) for 4 hrs on Lipidperoxidation (LPO) in cerebral cortex, cerebellum, hippocampus and blood corticosterone level of Wistar strain male albino rats were analyzed. The results of this study has shown that, in animals treated with cold extracts of OS there was minimal increase in the levels of the stress parameter investigated, while in hot extract treated animals it was marginally higher compared to cold extract values. This indicates that even though all types of OS extracts exhibit significant antistressor properties, heat slightly decreases the potency of the active principle involved in normalizing the brain LPO and blood corticosterone level.

OPIB-6

SOLANUM XANTHOCARPUM EXTRACT ALONE AND IN COMBINATION WITH CISPLATION ON CELL MEMBRANES AND TUMOUR MARKER ENZYMES IN NITROSODIETHYLAMINE INDUCED HEPATOCELLULAR CARCINOMA

SIVAKUMAR L M.P. BALASUBRAMANIAN
Department of Pharmacology & Environmental Toxicology,
Dr. ALM PG Institute of Basic Medical Sciences,
University of Madras, Taramani,
Chennai - 600 113.

Solanum xanthocarpum is widely used to treat various diseases such as cough, bronchial asthma, chest pain, certain kinds of fevers, muscular pains etc. in South Indian traditional medicine (Siddha). A pilot study was undertaken to investigate the anticancer efficacy and safety of *S. xanthocarpum* alone and in combination with cisplatin on

AMUDHAKALASAM SIDDHA LITERARY RESEARCH CENTRE

Nitrosodiethylamine (DEN) induced hepatocellular carcinoma(HCC) in albino rats. The HCC induced by a single intraperitoneal Injection of DEN(200mg/kg. b. w. in 0.9% saline for rats weighing 60-80g) and promoted by Phenobarbital. Then the extract of S. *xanthocarpum* (300mg/Kg b. w. PO) was given alone and in combination with cispiatin (6mg./kg/b.w.) in hepatoma bearing rats. The results revealed that *S.xanthocarpum* rendered significant enhanced protection against DEN induced hepatoma suppressing oxidative stress and increasing the activities of of Na^+ /K^+ - ATPase, Ca^{2+} ATPase, Mg^{2+} ATPase and tumour marker enzymes (ALT, AST, ALP, ACP, LDH, r-GT, 51 - Nucleotidase in erythrocyte membranes liver and kidney than cisplation alone in HCC. The results will be discussed in the paper.

OPIB-7

CAN PHYCOCYANIN BE EFFECTIVE AGAINST KIDNEY STONE FORMATION ? - A STUDY IN UROLITHIC RATS

S. MUHAMMED FAROOQ, D. ASOKAN P. VARALAKSHMI
Dept.of Medical Biochemistry, Institute of Basic Medical Sciences,
University of Madras, Tarmani, Chennai - 113,India.

Kidney stone disease is a multifaceted process and it requires a number of events including cell injury, urine supersaturation, microcrystal formation, growth and maturation of the kidney stone. Among these, tissue injury is a major predisposing factor for calcium oxalate stone disease. Spirulina is a blue green algae, gaining increasing attention because of its nutritional and medicinal proterties. This micro-algae contains phycocyanin. Phycocyanin, a known antioxidant has been given as pretreatment in hyperoxaluric rats to examine its efficacy in preventing the tissue injury and calcium oxalate retention.The analysis of urinary marker enzymes (ALP, ACP and r GT), urinary risk factors (oxalate, calcium and protein) and calcium oxalate retention studied by polaroid microscope have revealed that the marked elevation of the above parameters in hyperoxaluric rats, were found to be within normal limits in drug pretreated groups, suggesting its potential efficacy in preventing the oxidative stress mediated urolithiasis/stone formation.

AMUDHAKALASAM SIDDHA LITERARY RESEARCH CENTRE

OPIC-1

NEUROPHARMACOLOGICAL EFFECTS OF EXTRACTS FROM *ALPINIA GALANGA* LINN.

R. SATHISH R. DHANANJAYAN
Department of Pharmacology and Environmental Toxicology,
Dr. ALM Post Graduate Institute of Basic Medical Science
Taramani, Chennai - 113.

Alpinia galanga Linn. (Zingiberaceae) is predominantly used in south-east Asia as a spice and a medicinal plant. It is empirically used for its analgesic and anti inflammatory activities in Traditional system of medicine. In this study, we have examined the neuropharmacological profiles of Total Alcoholic (TAE) and Total Aqueous (TAQ) extracts from the rhizome of *Alpinia galanga*. The extracts significantly reduced the locomotor activity and they also prolonged the phenobarbitone induced sleeping time in rats. The extract didn't alter the muscular co-ordination but significantly increased the nociceptive threshold in mice on hot plate test. The result will be presented and probable mechanism will be contemplated.

OPIC-2

FREE RADICAL SCAVENGING CAPACITY OF GRAPE SEED EXTRACT IN AGED RATS

P. SANGEETHA C. PANNEERSELVAM
Dr. ALM PG Institute of Basic Medical Sciences,
Department of Medical Biochemisty,
University of Madras, Taramani Campus, Chennai 600 113.

Ageing, an aspect of almost all living organisms, is a multifactorial process of enormous complexity. A decline in the biochemical and physiological functions takes place in most of the organ during ageing. Free radical generation have been implicated to be the major causes of ageing and age related degenerating diseases like atherosclerosis, diabetes, neurodysfunction, cancer etc. Currently, more attention is focused on the natural compounds as antioxidants. Hence the present study is intended to explore the potential usefulness of grape seed extract as an antioxidant to control the age related biochemical changes. Grape seeds are the richest source of proanthocyanidin and considered to be more potent than vitamin C and Vitamin E from recent publications. Male Wistar rats (both

AMUDHAKALASAM SIDDHA LITERARY RESEARCH CENTRE

young and aged) are treated with grape seed extract (water - ethanol extraction) of 100 mg / kg / day was given orally for 3 weeks. Preliminary analysis were carried out in heart for various enzymatic and non-enzymatic antioxidant levels along with lipid peroxidation. The levels of enzymatic and non-enzymatic antioxidants were decreased whereas lipid peroxidation was increased in aged rats. After oral administration of grape seed extract for 3 weeks there was a significant increase in enzymatic and non-enzymatic levels and reduction in level of lipid peroxidation to near normal levels. Thus grape seed extract supplementation is a powerful antioxidant in minimizing age associated disorders where free radicals are the major cause.

OPIC-3

HEPATOPROTECTION : THE FACTS AND FACETS OF ANTIOXIDANTS

***C. CHANDRASEKARN *S. PARIMALA **S. SETHUPATHY**

*Department of Ancient Sciences, Faculty of Science,
Tamil University, Thanjavur - 613 005. India.

**Department of Biochemistry, Rajah Muthiah Medical College and Hospital,
Annamalai University Annamalai Nagar - 608 002. India.

Traditional Siddha medicine is a rich treasure of therapeutics immensely used by Indian Medical Practitioners. The Coral, a Panacea of Indian Medicine has been claimed to mitigate jaundice, obstructive liver diseases and bronchial asthma. Various researches have highlighted the dignifying role of adjuvant. Hence, an endeavor has been made to evaluate the hepatoprotective effect of Pavala chunnam with an adjuvant in expeirmental hepatotoxicity. Oral administration of Pavala chunnam with Maharishi Amirth Kalash - 4 as an adjuvant *resulted in significant increase in antioxidant and membrane bound enzymes in* CCl_4 toxic rats. Our study also showed that in combination with MAK - 4. the hepatoprotection was significantly increased. In conclusion the administration of drugs in combination with rich antioxidants, cogent membrane stabilizaation and anticholestatic effect can achieve therapeutic success over monochemotheraphy in the management of liver diseases.

OPIC-4

AMUDHAKALASAM SIDDHA LITERARY RESEARCH CENTRE

EFFECT OF *TERMINALIA CHEBULA* ON THE OXIDATIVE STRESS IN EXPERIMENTAL MYOCARDIAL INFARCTION

S. SUCHALATHA, C.S. SHYMALA DEVI
Department of Biochemstry and Molecular Biology,
University of Madras, Guindy Campus, Chennai - 600 025. India.

The present study was aimed to study the protective role of *T.chebula* on the enzymic and non-enzymic antioxidants status in isoproterenol induced myocardial infarction. The activity of the tissue antioxidant enzymes like glutathione, superoxide dismautase, catalase, glutathione, vitamin C were found to be substantially decreased with a concomitant rise in the lipid peroxide level of serum and tissue in isoproterenol treated animals. The pretreatment with *T. chebula* prevented the alterations induced by isoproterenol and retained the antioxidant defence system at near normal status.

OPIC-5

ANTI - ALLERGIC EFFECTS OF EXTRACTS AND A PHYTOCHEMICAL DERIVED FROM THE SEEDS OF *CARUM COPTICUM* LINN.

C. THANGAM R. DHANANJAYAN
Department of Pharmacology and Environmental Toxicology
Dr. ALM Post Graduate Institute of Basic Medical Science, Taramani, Chennai - 113.

Carum copticum, syn *Trachyspermum ammi* belonging to the family Umbelliferae is commonly known as Ajowan. The seeds of *Carum copiticum* have been used in indigenous systems of medince for their several therapeutic effects. They are also found to be very effective in the treatment of Asthma, Dyspnea and Diarrhoea. An infusion of the seeds had been used in ancient systems of medicine in febrile conditions and in stomach disorders. The anti-allergic effect of Total alcoholic (TAE), Total aqueous (TAQ) extracts and Thymol, a phytochemical derived from the seeds of *Carum copticum* were tested on histamine induced contraction on guinea pig ileum and rat mesentry mast cells. TAE has produced significiant relaxant effect on guinea pig ileum. TAQ produced significant relaxant effect on guinea pig ileum. TAQ produced significant contraction, where as Thymol by itslef had no effect on guinea pig ileum but has very effectively antagonised the effect of histamine. In

AMUDHAKALASAM SIDDHA LITERARY RESEARCH CENTRE

mast cells degranulation test the extracts and Thymol has signifinantly reduced mast cell rupture. This confirms the protective effect of the drug by stabilising the mast cells. Our study highlights anti-allergic and anti-asthmatic potential of the extracts. The probable mechanism will be discussed.

OPIC-6

PROTECTIVE EFFECT OF VILVA - A POLYHERABAL FORMULATION, RATS EXPOSED TO CIGARETTE SMOKE

***K. ANBARASI T. THIRUGNANASAMBANDAM**
MAHESWARAN C.S. SHYMALA DEVI
*Dept.of Biochemistry and Molecular Biology, University of Madras, Chennai.
Rumi Herbals Pvt. Ltd. Chennai

The Objective of the present study was to evaluate the effect of VILVA, a polyherbal formulation on lipids, in the rats exposed to cigarette smoke. The levels of cholesterol, free fatty acids & triglycerides were increased and the level of phospholipid was decreased in the lungs of rats exposed to cigarette smoke. Administration of the drug Vilva, restored the levels of these lipids to near normal. The possible mechanism pertaining to these changes observed in the rats by cigarette smoke and the protection offered by Vilva against cigarette smoke induced damages is discussed.

OPIC-7

EFFECT OF THE EXTRACTS DERIVED FROM THE LEAVES OF *GYMNEMA SYLVESTRE* R.BR. ON ISOLATED RAT UTERUS

P.K. DEEPA R. DHANAJAYAN
Department of Pharmacology and Environemntal Toxicology
Dr. ALM PG. Institute of Basic Medical Sciences
University of Madras, Taramani, Chennai - 113, India.

Gy mnema sylvestre R.Br. belongs to the family Ascelpiadaceae. It is a medicinal herb recommended in various indigenous systems of medicine for its hypoglycemic, stomachic, antiseptic, diuretic and laxative activities. The plant has already been investigated in detail about its hypoglycemic activity by many of the scientific research workers. The present study was undertaken to investigate the uterotonic effects of total aqueous (TQ) and total

AMUDHAKALASAM SIDDHA LITERARY RESEARCH CENTRE

alcoholic (TA) extract on isolated rat uterus. Virgin adult female albino rats 170-220 (gms) were sensitised with an oestrogen 24 hrs prior to the experiment. Uterus in the oestrous stage was selected for the study. The results and the probable mechanism of action will be discussed.

OPIC-8

ANTI ULCER, ANTI SECRETORY AND CYTOPROTECTIVE EFFECTS OF *TRIANTHEMA DECANDRA* IN RATS

K. Jagannathan V. Hazeena Begum
Dept. of Siddha Medicine, Faculty of Sciences, Tamil University, Thanjavur, Tamil Nadu, India - 613 005.

The herb *Trianthema decandra* had been studied in rats for its ability to inhibit gastric secretion and to protect the gastric mucosa against injuries caused by pyloric ligation, swim stress, acetic acid and cytodestructive agent ethanol. The extracts derived from the root TD (Pet. Eth. Ext, Eth. Ace. Ext, Ale. Ext, Aq. Ext) at the dose of 200 mg/kg, po and crude powder of its root at the dose of 2g/kg, po were used in all the experiments. Famotidine (20mg/kg, po) was used as a standard anti ulcer drug for comparison. Eth. Ace. Ext and CP only showed significant anti ulcer and antisecretory effects in pyloric ligation, swim stress models and all the four extracts and CP showed pronounced cytoprotective effect in ethanolinduced gastric ulcer in rats. The Eth. Ace. Ext is found to be useful not only in preventing acute ulcer but in chronic ulcer also.

OPIIA-1

SCIENTIFIC APPRAISAL OF ANTI-DIABETIC ACTIVITY OF UNANI HERBAL DRUGS

TAJUDDIN K. ZAINAB S.Z. RAHMAN A. LATIF
Department of Ilmul Advia, Faculty of Unani Medicine, A.M.U., Aligarh - 202002.

Diabetes is an "Ice Berg" (Zabool) disease having world-wide distribution. The available synthetic agents can produce serious side effects, endangering the life of diabetic patients. Therefore, the search is on for herbal substitute and edible plants may provide suitable safe and effective antidiabetic remedies. The present study was undertaken to evaluate the hypoglycaemic activity of Aq. Extract of Kalonji

AMUDHAKALASAM SIDDHA LITERARY RESEARCH CENTRE

(*Nigella sativa* seeds) and Burg-e-Arusa (*Adhatoda vasica* Leaves) and of a formulation compounding both the drugs in acute and one week models of animal experimentation by inducing a b-cytotoxic chemical, i.e. Alloxan in rabbits. The drugs were administered orally and dose for animals was calculated corresponding to human clinical dose. The potency of the drugs was compared with a standard drug Glibenclamide (D mg / Kg b.w) and diabetic control subject to statistical significance. Our study revealed that the Aq. Extract of kalonji (20 mg/kg) and Burg-e-Arusa (100 mg/kg) significantly reduced (P< 0.05) blood glucose levels in diabetic rabbits. Further, Aq. Extract of both these drugs when given in combination also produced significant effect (P < 0.05). But this combination when given orally for one week produced significant effect (P < 0.05). But this combination when given orally for one week produced more significant effect (P < 0.01) in diabetic rabbits indicating the enhanced efficacy of the combination. The mechanism of drugs action may be like that of standard reference drug stimulating b-cells of Pancreas to release insulin. The results suggested that Aq. Extract of the test drugs may be effective in Non-Insulin Dependent Diabetes Mellitus and substantiate their clinical uses.

OPIIA-2

A STUDY ON THE ANALGESIC EFFECT OF RASA GANDHI MEZHUGU, A SIDDHA DURG, IN VARIOUS MODELS IN MICE

***B. RADHAKRISHNAN **S. RAMASWAMY**
*Siddha Unit, Government General Hospital, Pondicherry - 605 001.
**Department of Pharmacology, JIPMER, Pondicherry - 605 006.

Rasaganthi Mezhugu, a Siddha drug, has a folkloric claim for its efficacy in the management of arthritis, pain associated with inflammation and abscess and in certain skin disorders. This drug is routinely used clinically for alleviating pain and is found effective. However, to date scientific evidences to support this claim is lacking. Hence, in this study the possible analgesic effect of this preparation was investigated in mice using different models. The experimental design included thermal, chemical and mechanical procedures.

AMUDHAKALASAM SIDDHA LITERARY RESEARCH CENTRE

In all the three models, the drug exhibited a significant analgesic response. This response was found to be dose-related in all the assay procedures. The time course of action was also studied by selecting the suitable time intervals between drug administration and analgesic testing. The results revealed that significant effect was evident at 15 min, maximum at 30 min and almost wears off at 120 min period. The findings of this study lend scientific support to the folkloric claim that this drug could be used as an analgesic. Further studies on the mechanism of this action is worthwhile and might specify the conditions in which, this will be very useful.

PTA-3

SEMECARPUS ANACARDIUM LINN MEDICATED MODULATIONS ON GLUTATHIONE METABOLIZING ENZYMES IN RHEUMATOID ARTHRITIC PATIENTS.

V. MUTHULAKSHMI P. SACHDANANDAM

Department of Medical Biochemistry, Dr. A.L.M. Post Graduate Institute of Basic Medical Sciences, University of Madras, Chennai - 600 113, India.

Anti-arthritic efficacy of "Serankottai Nei," a Siddha preparation which contains milk extract of *Semecarpus anacardium* Linn nuts against rheumatoid arthritis (RA) was already established from our laboratory. In the present study, the modulating effect of this nut extract on glutathione metabolizing enzymes was examined in rheumatoid arthritic patients. This nut extract possesses promising and challenging therapeutic efficacy against RA. RA is an inflammatory disorder of multifactorial origin characterized by immune driven genetic predisposition. The activity of glutathione - S - transferase and glutathione reductase in serum was decreased and gamma - glutamyl transpeptidase was increased in arthritic patients. Administration of nut extract reverted the above changes to near normalcy. This can be attributed to the presence of flavonoids and other active constituents in the drug. This beneficial property may favour the regression of disease process and this can be correlated with its established antiarthritic potency. It is likely that these metabolizing properties might be a part of the mode of action of the nut extract on its antirheumatic potentials.

AMUDHAKALASAM SIDDHA LITERARY RESEARCH CENTRE

OPIIA-4

EXPERIMENTAL METHODS TO EVALUATE THE CARDIOTONIC EFFECTS OF MEDICINAL PLANTS

SENTHIL KUMAR B.R. NAMASIVAYAM .A
Dept. of Physiology, Dr. ALM PGIBMS, University of Madras, Taramani, Chennai.

The ancient Indian medicinal sciences of Siddha and Ayurveda described many preventive and curative medicinal preparations. Siddha and Ayurvedic text illustrates different types of cardiovascular disorders in the name of "Thamaraga noigal", "Errathathapitham" and "Hridroga". In the treatment of these disorders various medicinal plants has been described. This includes *Terminalia arjuna* (TA), *Aristolochia indica* (AI), *Neliumbium speciosum* (NS) etc. Even though the phytochemical and clinical aspects of many of these plants described, has been thoroughly investigated much remains to be done on their pharmacology and the mechanisms of their cardiovascular action. The following experimental model has been used to test the efficacy of any preparation acting on cardiovascular system. 1) *In situ* frog's heart preparation 2) Perfusion of isolated frog's heart 3) Effect of cardiotonic drugs on experimental dog's blood pressure and respiration 4) ECG changes following the administration of plant preparation. In this study we describe and elucidate the cardiovascular action of TA on an isolated frog's heart preparation. In this experiment, frog's heart was isolated and its contractile activity was maintained with Ringer Lock's solution. The perfusion was done with TA extract preparations. The effects of TA extraction of isolated frog's heart were recorded with Physiograph.

OPIIA-5

MEMORY ENHANCING ACTIVITY OF *GLYCYRRHIZA GLABRA* IN MICE

DINESH DHINGRA MILIND PARLE S.K. KULKARNI*
Pharmacology Division, Dept. Pharmaceutical Sciences, Post Box - 38
Guru Jambheshwar University, HISAR - 125001 (Haryana), India.
*Division of Pharmacology, University Institute of Pharmaceutical Sciences,
Punjab University, Chandigarh - 160 014.

In the traditional system of medicine, the roots and rhizomes of *Glycyrrhiza glabra* has been employed clinically for centuries for their anti-inflammatory, antiulcer, expectorant

AMUDHAKALASAM SIDDHA LITERARY RESEARCH CENTRE

antimicrobial and anxiolytic activities. The main constituent of *Glycyrrhiza glabra* is glycyrrhizin (a triterpene saponin), which may be responsible for its medicinal properties. A larger segment of Indian population beyond 60 years of age suffers from various kinds of dementias.

The present study was undertaken to investigate the effects of *Glyeyrrhiza glabra* popularly known as liquorice (Mulathi) on learning and memory using Swiss male albino mice (18-30 g)

Liquorice (Himalaya Drug Company, Bangalore), Scopolamine hydrobromide (Sigma Chemicals, USA), and Diazepam (Ranbaxy labs., New Delhi) were used for the study.

i) Elevated Plus Maze and ii) Passive avoidance paradigm were the exteroceptive behaviour models and

i) Diazepam induced amnesia and ii) Scopolamine induced amnesia were interoceptive behaviour models.

Three doses (75, 150 and 300 mg / kg p.o.) of aqueous extract of *Glycyrrhiza glabra* were administered for 7 successive days in separate groups of mice. The dose of 150 mg/ kg of the aqueous extract of liquorice significantly improved learning and memory of mice when tested on elevated plus maze and passive avoidance apparatus. Furthermore, this dose significantly reversed the amnesia induced by diazepam (1 mg/kg i.p.) and scopolamine (0.4. mg/kg i.p.)

Anti-inflammatory and antioxidant properties of liquorice may be contributing favourably to the memory enhancement effect. Since scopolamine - induced amnesia was reversed by liquorice, it is possible that the beneficial effect on learning and memory may be because of facilitation of cholinergic-transmission in brain. However, further studies are necessiated to identify the exact mechanism of action. In the present investigation, *Glycyrrhiza glabra* has shown promise as a memory enhancer in both exteroceptive and interoceptive behavioural models of memory.

AMUDHAKALASAM SIDDHA LITERARY RESEARCH CENTRE

OPIIA-6

ANXIOLYTIC EFFECT OF *ACORUS CALAMUS* IN ALBINO RATS.

MANIKANDAN. S. SUTHANTHIRARAJAN .N
Department of Physiology, Dr. A.L.M.P.G. Institute of Basic Medical Sciences,
University of Madras, Taramani, Chennai - 600 113.

The effect of this study is to evaluate anxiolytic effect of the Indian herb *Acorus calamus* was studied in male Wister strain albino rats. Eighteen rats having body weight (BW) 200-250 gm were selected for the study and randomly divided into three groups of each as I,II and III. Each rat in-group II and III was administered with ethanolic extract of *Acorus calamus* (30 mg/kg BW) and a standard drug diazepam (0.5 mg/kg B.W) respectively 30 min before trial. Group I serves as a control allowed for trial in elevated plus maze. The behaviour of rats in the elevated plus maze and in Open field behaviour was assessed following the standard procedure. In elevated plus maze number of entry in open arm and time spent in open arm and behavioural activities like grooming, rearing and risk assessment was observed. The number of square entry, grooming, rearing and number of fecal bolus were assessed for Open field behaviour. It was observed that the rats treated with ethanolic extract of *Acorus calamus* showed an increase in entry into open arm along with increase time spent in it. This result shows *that Acorus calamus* extract may have an anxiolytic type of effect. The further studies are however necessary to prove the mechanism of anxiolytic activity of *Acorus calamus.*

OPIIA-7

EFFECT OF *ACORUS CALAMUS* ON DERMAL WOUND HEALING IN RATS

A. Jaswanth S.Karpagam Kumara Sundari S. Akilandeswari
Department of Pharmacology, Periyar College of Pharmaceutical Sciences for girls,
Tiruchirappalli - 620 021.

Ethanolic extract of *Acorus calamus* was examined for its wound healing activity both in the form of an ointment as well as injection in two types of wound models in rats, (i) the excision and (ii) the incision wound model. Both the injection and the ointment of the ethanol extract of the plant material produced a significant response in both the tested wound

AMUDHAKALASAM SIDDHA LITERARY RESEARCH CENTRE

The results were also comparable to standard drug, Nitrofurazone in terms of wound ...ing ability, wound closure time and tensile strength.

ASSESSMENT OF ANTIOXIDANT ACTIVITY OF THE EXTRACTS AND PRINCIPLES DERIVED FROM THE RHIZOME OF *DRYNARIA QUERCIFOLIA* (L) J. SMITH BY IN-VITRO STUDIES.

S. Ayyasamy*, M. Jegadeesan and R. Dhananjayan *****
*Government Hospital, Attur - 636 102.
** Department of Siddha Medicine, Faculty of Sciences,
Tamil University, Tanjore - 613 005. India
*** Department of Phamacology and Environmental Toxicology,
Dr. A.L.M.P.G. Institute of Basic Medical Sciences, University of Madras,
Taramani, Chennai - 600 113. India.

Drynaria quercifolia (L.) J. Smith belonging to the family Polypodiaceae / Drynariaceae ...used in the treatment of hectic fever, dyspepsia, cough and various diseases in Indian ...ditional Medicines. Since the active free radicals are implicated in the origin and sequel ...many of the common (e.g. aging) as well as serious disorders (e.g. cancer) that plague ...humanity, we want to see the in vitro antioxidant property elicited by the extracts and ...ive principles derived from the rhizome of the plant *Drynaria quercifolia.*

Antioxidants are known to alleviate oxidative stress by scavenging the free radicals and protect biological lipids and macromolecules from their deleterious effects. The ...tioxidant effects of the substances which might be useful in quenching the free radicals ...rmed are measured by FTC (Ferric thiocyanate) method and TBA (thiobarbituric acid) ...method. In these studies the auto oxidation of samples of linoleic acid molecule over a ...period of 7 days were measured as an index of free radical formation and its inhibition was ...taken as an index of antioxidant activity. In our present study we subjected the total alcoholic, ...total aqueous extract, total alkaloids, total glycosides and the extracts derived from the ...rhizome by soxhelet extraction such as per ether extract, benzene extract, chloroform extract, acetone extract and methanol extract and compared them against the well-known anti-oxidant Vitamin E. The antioxidant activity elicited by these extracts and principles will be discussed.

AMUDHAKALASAM SIDDHA LITERARY RESEARCH CENTRE

OPIIB-2

ANALGESIC AND ANTIPYRETIC ACTIVITIES OF LEAF OF *MORINGA OLEIFERA* LINN.

BILAL AHMAD N.A. KHAN GHUFRAN AHMAD INAMUDDIN
Department of Ilmul Advia, A.K. Tibbiya College, A.M.U., Aligarh.

Moringa oleifera Linn. is a valuable drug of Unani and Ayurvedic systems of medicine. Apart from many other therapeutic applications, it is widely used for its analgesic and antipyretic activities. However, very few scientific studies have been carried out to explore its therapeutic potential. The present study was carried out to evaluate its analgesic and antipyretic activities.

The analgesic activity was tested in rats by Hot Plate Test and Analgesiometer Test. The ethanolic extract of leaf (180 mg./Kg.) showed good analgesic activity in both the tests. In Hot Plate Test the peak effect was observed at 60 minutes. The reaction time in test group was (4.16 seconds, $P<0.01$), while it was (2.4 seconds) in the control group. In the Analgesiometer Test the initial reaction time was (5.16 seconds), the peak effect was observed at 60 minutes and the reaction time at that interval of time was (7 seconds, $P<0.001$).

The test for antipyretic activity was carried out in albino rabbits. Pyrexia was produced by intravenous administration of DPT vaccine. The ethanolic extract of leaf in the dose of 200 mg./Kg. showed good antipyretic activity when compared with the group treated with distilled water and DPT vaccine. It reduced pyrexia in a significant manner at 90, 120, 150 minutes, The rectal temperature readings of test group at these intervals of time were 101.9^0F, 102^0, and 102.7^0F, while that of control group were 103.2^0F, 104.1^0F, and 104.5^0F. These results show that the leaf of *Moringa oleifera*, is a good analgesic and antipyretic drug.

AMUDHAKALASAM SIDDHA LITERARY RESEARCH CENTRE

OPIIB-3

ANALGESIC ACTIVITY OF *RUELLIA TUBEROSA* L. IN EXPERIMENTAL ANIMIALS

S. PREMA S. SELVAKUMAR SUSAN METHEW, UMA MAHESWARI VASANTHA JANARDHANAN

Sri Ramachandra Medical College and Research Institute, Porur, Chennai - 116.

Ruellia tuberosa L. of the Acanthacae is an erect herb with cluster of roots starting from the base of the stem. It is reported to be used for the treatment of urinary calculi, chronic bronchitis, gonorrhoea, syphilis and skin diseases.

Earlier many scientists isolated and reported the chemical compounds namely b-sitosterol, campesterol, cholesterol, lupeol, b - amyrin, apigenin 7 - b-D glucoronide, malvidin 3.5, glucosides besides lucine, tyrosine, valine and glycine.

In the present study, analgesic activity of the whole plant extract (alcohol) was carried out using acetic acid induced writhing method and hot plate method using albino mice. The observation was compared with standard drug morphine.

The alcoholic extract exhibited significant analgesic activity in higher doses. This is the first report of analgesic activity from this plant.

OPIIB-4

EVALUATION OF THE CENTRAL STIMULANT ACTIVITY OF VISHNU CHAKRAM, KARUPPU VISHNU CHAKRAM IN RATS

S. Karpagam Kumara Sundari *A. Jaswanth *S. Akilandeswari K. Anbarasu*

*Department of Pharmacology, Periyar College of Pharmaceutical Sciences for Girls, Trichirappalli - 620 021. Tamilnadu.

**Boopathy Siddha Clinic, Trichirappalli - 620 021.

The present investigation was undertaken to evaluate the Central stimulant activity of Siddha drugs namely Vishnu Chakram (Vm) & Karuppu Vishnu Chakram (KVm) in rats using various experimental paradigms of stimulation viz. Elevated plus maze apparatus, Actophotometer and Sand displacement method. Pilot studies indicated that single dose (1-5 ml/kg orally) administration of Vm and KVm had little to no acute behavioural effects,

AMUDHAKALASAM SIDDHA LITERARY RESEARCH CENTRE

hence the test drugs were administered orally at different dose levels. Vm and KVm showed significant stimulant effect on all the paradigms of stimulations. The results indicate that Vm induced the significant increase in CNS activity was observed in activity counts on Photoactometer readings. In EPZ test there was significant increase in the number of entries in open arm. The VKm showed significant stimulant activity in all the tests.

OPIIB-5

BENEFICIAL EFFECTS OF *SIDA CORDIFOLIA* LINN., A LYSOSOMAL MEMBRANE STABILIZING DRUG, IN A RODENT MODEL OF ADJUVANT INDUCED ARTHRITIS

BINU. K. PHILIP S. VENKATARAMAN
Department of Pharmacology and Environmental Toxicology, Dr. ALM PGIBMS,
University of Madras, Taramani Campus, Chennai - 600 113.

Rheumatoid arthritis (RA) is a common auto immune disorder characterized by chronic inflammation of the synovial joints and subsequent progressive destruction of articular tissue. Adjuvant induced arthritis (AIA) in rats is an established model to study the physiological, biochemical and pharmacological aspects of inflammation. The role of reactive oxygen species (ROS) in the pathophysiology of inflammation is well established. Release of lysosomal enzymes is crucial in the pathogenesis of tissue injury and inflammation. Plants represent the priciple means of therapy in traditional medicine. A number of plants are reported to have anti arthritic activity in traditional system of medicine. But many of them are not scientifically validated. *Sida cordifolia* Linn is used in Ayurvedic and Siddha systems of medince as a rejuvenative drug. In the present study, methanolic extract of aerial parts of *Sida cordifolia* Linn. (MESC) was evaluated for its effect on lysosomal enzymes. MESC significantly decreased the lysosomal enzyme levels ($p < 0.001$) in plasma, liver, kidney and spleen of arthritic rats when compared to arthritic rats. This action of MESC may be attributed to the stabilization of the lysosomal membrane. The reduction of lysosomal enzyme release would prove beneficial for the treatment of rheumatoid arthritis. The results will be discussed.

AMUDHAKALASAM SIDDHA LITERARY RESEARCH CENTRE

OPIIB-6

EFFECT OF *PLUMBAGO ZEYLANICA* ON CERTAIN HEMATOLOGICAL PARAMETERS BEFORE AND AFTER HEMORRHAGIC STRESS

VIJAYAKUMAR .R SUTHANTHIRARAJAN .N
Department of Physiology, Dr. A.L.M.P.G Institute of Basic Medical Sciences,
University of Madras, Taramani, Chennai - 600 113.

Hematological alteration of Plumbagin treated Wister strain albino rats of both the sexes were investigated in the present study. The rats were fed with commercially available pellets and water libited and were administered plumbagin 2 mg / kg. B.W. intra peritonially for 30 days. A set of six rats was separately grouped to serve as control. The following haematological parameters, total WBC count, platelet count, bleeding time, coagulation time and prothrombin time were studied. A Significant changes were observed in bleeding, coagulation and prothrombin time. The mechanism of changes will be discussed during the time of presentation.

OPIIB-7

EFFECT OF FEEDING *SEMICARPUS ANACARDIUM* LINN. NUT MILK EXTRACT ON THE LIPID LEVELS - A NUTRITIONAL STUDY CONDUCTED ON SPRAGUE - DAWLEY RATS

LAKSHMINARAYANAN VANI P. SACHIDANANDAM
Department of Medical Biochemistry,
Dr. A.L.M. Post-Graduate Institute of Basic Medical Sciences,
Universtiy of Madras, Taramani Campus, Chennai - 600 113.

Over the past several decades a new era of nutritional science has unfolded. There exists a relationship between the diet and the development of major chronic diseases such as coronary heart disease, diabetes, hypertension and cancer. Lipids are indispensable components of diet because they chiefly provide the highest calorific value to the diet. There is a strong correlation between hyperlipidemia and atherosclerosis. Thus, the lipid status must be maintained under optimum levels in order to prevent the development of cardiovascular disease especially with increase in age. The objective of our study is to determine the role of serankottai nei, a Siddha formulation containing *Semecarpus anacardium*

AMUDHAKALASAM SIDDHA LITERARY RESEARCH CENTRE

nut milk extract as a food supplement in normal conditions to maintain optimum lipid levels. Female Sprague - dawley rats were selected for the experimental study and were divided into six groups. Group I, II A, IIB, and IIC were subjected to an experimental period of 30 days, Group III, IV A, IV B, and II C were subjected to an experimental period of 30 days. Group III, IV A, IV B and IV C animals were subjected to an experimental period of 90 days. Group I, III and V animals served as control. To Group IIA, IVA, and VI A animals, *Semecarpus anacardium* nut milk extract was administered at a concentration of 100 mg / kg body weight. To Group II B, IV B and VI B animals the drug was administered at a concentration of 200 mg / kg body weight. To Group II C, IV C and VI C animals, nut milk extract was administered at a concentration of 300 mg / kg body weight. Total lipid content was determined. The levels of total cholesterol, triglycerides, LDL cholesterol, HDL cholesterol in plasma were determined. The levels of total cholesterol, LDL cholesterol and triglycerides, were significantly decreased ($p<0.05$)in group IV B and VI B animals. The results obtained reflects the lipid correcting property of the drug and thus the drug at an optimum concentration can be supplemented along with food to enhance health and resistance against diet related and age related disorders.

OPIIC-1

TERPENOIDS - THERAPEUTIC IMPLICATION IN NEURAL INJURY

S. VARADA MURTHY K. KAMAKSHI
Department of Anatomy, Dr. ALM Post Graduate Institute of Basic Medical Sciences, Taramani, Chennai - 113.

Neural injury is often a cause of concern due to the difficulty in approach, management and poor prognosis after treatment. Neural regeneration through possible by transplantation is poor. However the nervous system has remarkable ability of neural plasticity and remodelling by which healthy neural tissue makes up for the loss in function when stimulated. Many of the phytochemicals like Flavonoid, Terpenoids, Alkaloids etc. have been used from time immemorial to treat various diseases. In the current study the role of Nerol, a terpenoid was studied with special reference to cerebellar damage using Wistar albino rats (wt. 120 $\pm$ 40 gms) as animal models. Cerebellum is a very important part of the brain which

AMUDHAKALASAM SIDDHA LITERARY RESEARCH CENTRE

exerts its influence in postural control, direction of movement, equilibrium, ballistic movements etc. It is often injured in posterior cranial fossa injuries and contrecoup injuries so that there is ataxia, cerebellar nystagmus, hypotonia, asthenia, asynergia etc. Cerebellar damage was simulated by administering 325 mg / kg.b wt. of ± 2 Chloropropionic acid, a cerebellar granule cell specific lesioning drug. Within 3 days of administration animals had severe motor incoordination. In the treated group Nerol was administered intraperitoneally for one week after the administration of the lesioning drug. After a period of one week the anti-oxidant (enzymic and non-enzymic) status was evaluated. There was marked change in the antioxidant levels in lesioned and treated groups. The histological picture also shows promising results. All the results will be discussed.

OPIIC-2

EFFECT OF ETHANOLIC EXTRACT OF *CASSIA FISTULA* LEAF ON CARBON TETRA CHLORIDE INDUCED HEPATOTOXICITY IN RATS

VICTOR RAJ MOHAN. C PRADEEP .K GOBIANAND .K KARTHIKEYAN .S
Department of Pharmacology and Environmental Toxicology, Dr. ALM P.G. Inst. of Basic Medical Sciences, University of Madras, Taramani, Chennai - 600 113, India.

Cassia fistula (Family - Leguminosae) commonly called "Konrai" in Tamil, is an ornamental and deciduous plant widely cultivated in India. This plant has been used in the treatment of various ailments dating back to Sushruta and Charaka and has been implicated in the Siddha medical practice for over several decades to treat many human ailments. The leaves of *Cassia fistula* are used as laxative, anti-periodic, rheumatism, skeletal fractures, wound healing, hypoglycemic agent and in skin diseases. Further it is reported that urban people of North - Eastern region of India use pods and leaves of this plant as anti allerigc and hepatoprotective agents. In view of these reports, an attempt has been made to evaluate the hepatoprotective effect and anti-oxidant properties of ethanolic extract of leaves of *Cassia fistula* using rats as animal model. In the study, liver toxicity was induced in rats by administration of CCl_4 (0.1ml/kg in 0.1 ml of liquid paraffin/day for 7 days) and the hepatoprotective and anti-oxidant properties of ethanolic extract of leaf (500 mg/kg/day) was investigated. The activities of Aspartate and Alanine Transaminases, Alkaline Phosphatase and anti-oxidant enzymes (Catalase, Glutathione Reductase, Lipid peroxidase,

AMUDHAKALASAM SIDDHA LITERARY RESEARCH CENTRE

Reduced Ghutathione) were monitored as an index to study the hepatoprotective and anti-oxidant properties in the above animal models. The results of these observations will be presented and discussed.

OPIIC-3

STUDIES ON THE ANTI-UROLITHIC EFFECT OF AERVA LANATA DECOCTION AND VEDIUPPU CHUNNAM ON THE URINE STONE RISK FACTORS IN EXPERIMENTAL UROLITHIASIS

BALAMURUGAN R.V.
P.G. Dept. of Gunapadam, Govt. Siddha Medical Colege, Chennai - 106

The aim of the present work is to study the effect of *Aerva lanata* decoction and Vediuppu Chunnam on the urine stone risk factors in experimental urolithiasis Male Albino rats of wister strain (150-175g) were used in this study. Experimental design have 6 groups, each group consisting of 6 rats. 0.75% of ethyelene glycol was given to the experimental groups for inducing urinary stones. 24 hour urine was collected from the rats and was used to estimate the oxalate, calcium, magnesium, phosphouus, urea, creatinine, uric and and protein.

The results observation, histopatholigical study, summary and conclusion are discussed in the full paper.

OPIIC-4

PROPOLIS : AN ANTIOXIDANT WITH SPECIAL REFERENCE TO BREAST CANCER

RADHAKRISHNA PADMAVATHI DHANAPAL SAKTHISEKARAN
Department of Medical Biochemistry, Dr. ALM Post Graduate Institute of Basic Medical Sciences
University of Madras, Taramani, Chennai - 600 113, India .

For a lot of people, the concept of eating "beestuff" - other than honey - seems awfully strange. Propolis (bee glue) is one of the major hive products of bees and is rich in flavonoids, which are known for antioxidant activities. It is an important remedy in Ayurvedic Medicine in India for the management of various diseases. Pharmacological studies of Propolis extract revealed a broad spectrum of action including free-radical scavenging and antioxidant, anti-carcinogenic, antibacterial, immunomodulatory properties. The present study was

AMUDHAKALASAM SIDDHA LITERARY RESEARCH CENTRE

designed to investigate the combined effect of Propolis and paclitaxel against 7, 12 Dimethyl Benz (a) anthracene induced breast cancer in female Sprague Dawley rats. Administration of Propolis which by itself is an anticarcinogenic and immunomodulatory agent with paclitaxel will eliminate the cancer cells and promotes revitalization of immune system. This presentation will discuss the therapeutic efficacy of ethanolic extract of Propolis in the treatment of breast cancer without any side effects.

OPIIC-5

EFFECT OF *TRIGONELLA FOENUM GRAECUM* LINN. SEEDS ON CARDIOVASCULAR SYSTEM OF FROGS

B. NATARAJAN R. DHANANAJAYAN
Department of Pharmacology and Environmental Toxicology,
Dr. ALM Post Graduate Institute of Basic Medical Sciences, Taramani, Chennai - 113.

Trigonella foenum graecum Linn. belonging to the family Leguminosae, commonly known as Fenugreek is cultivated in many parts of India. The seeds are used in many indigenous system of medicines for its medicinal properties. The seeds are used for the treatment of cardiovascular diseases in Ayurvedic system of medicine. The present study was planned to screen the effects of Total Alcoholic (TAC) and Total aqueous (TAQ) extracts on the cardiovascular system, using Frog heart *in situ* preparation and Frog vascular perfusion studies. Frogs belonging to the species *Rana hexadactyla* were selected for this experiment. These cardiovascular studies give a useful lead to (a) cardiostimulant / depressant (b) Vasoconstriction /dilation nature of the extracts / drugs. The experiments were conducted and the action of the extracts were analysed. Both the extracts mentioned above showed significant effects, which will be discussed in detail.

AMUDHAKALASAM SIDDHA LITERARY RESEARCH CENTRE

OPIIC-6

MODULATORY EFFECT OF BIO-E ON ERYTHROCYTE MEMBRANCE ATP ases AGAINST RADIATION DAMAGE IN ORAL CANCER

S. CHITRA C.S. SHYAMALA DEVI
Department of Biochemistry, University of Madras, Guindy Campus, Chennai - 600 025.

Bio E - alpha tocopherol from the plant source was used in this study to investigate its possible effects on erythrocyte membrane ATPases against radiation induced damage in oral cancer patients. Blood samples were collected from oral cancer patients before and after radiotherapy (at a dosage of 6000 cGy in five fractions per week for a period of 6 weeks) and after supplementation with Bio-E (400 IU / day for the entire period of radiotherapy). The membrance - bound enzymes such as Na^+/K^+-ATPase, $Ca2^+$ - ATPase and $Mg2^+$ - ATPase in erythrocytes were altered in oral cancer patients before and after radiotherapy. When supplemented with Bio-E the enzyme activities were maintained at near normal. This protection by Bio-E afforded to RBC may have a number of physiological implications with respect to RBC function on radiation.

OPIIC-7

IN VITRO ANTHELMINTHIC ACTIVITY OF FRUIT EXTRACT OF *MOMORDICA CHARANTIA* LINN. (BITTERGOURD)

ILAYARAJA. M SIVALOGANANTHAN .S BALASUBRAMANIYAN M.P.
Department of Pharmacology & Environmental Toxicology, Dr. A.L.M. P.G.
Institute of Basic Medical Sciences, University of Madras,
Taramani Campus, Chennai - 600 113.

It is well known that both treatment and control of the disease from the parasites have become difficult. Because of parasite strains that are resistance to conventional drugs, urgent research for new anti parasitic agents from herbal sources is of importance. Any bitter glucoside compounds from the plants act as germicides. Therefore it is of interest to investigate the anthelminthic activity of fruit extract of *Momordica charantia* (Bittergourd), a cucurbitaceous fruit - vegetable which is popular as medicinal vegetable.

Live parasite *Ascardia galli* (Nematode) from domestic fowl were collected in 0.9%

AMUDHAKALASAM SIDDHA LITERARY RESEARCH CENTRE

physiological buffer saline (PBS) and maintained at .37 ± 1°C. *In vitro* treatment of the parasite with the aqueous fruit extract (100 mg/ml) in PBS was carried out and complete immobilization of the nematode was observed for 64 h. Acid and alkaline phosphatases activity were determined in *Ascardia galli* with reference to aqueous extract of *Momordica charantia* and results are discussed.

OPIIC-8

PRELIMINARY PHARMACOLOGICAL SCREENING AND TESTING FOR ANTIASTHMATIC ACTIVITY OF *ACALYPHA INDICA LINN* (EUPHORBIACEAE) IN HUMAN

V.GOPAL*, M.MALLIGA, C.RAMESH* K.GANAPATHIRAMAN
College of Pharmacy, MTIHS,
(A Government of Pondicherry Institution)
Regional Research Institute (Siddha),
Government Pharmacy Complex, Pondicherry - 605 006.

An ethnomedical survey was conducted in and around Thoraipakkarn and Tambaram regions of Chennai to document the household remedies practiced by the native villagers of these area. During the survey it was observed that many commonly used food ingredients were also used as medicine. It was interesting to note that among the edible greens *Acalypha indica* was commonly used as medicine, especially in cases of bronchial asthma.

Literature survey revealed the plant to be scientifically under explored. Through the survey of literature it was further observed that a pilot study on the effectiveness of the aqueous extract of the leaves of the plant in bronchial asthma has been carried out in humans and the results obtained were encouraging. In further continuation of this study it was considered to evaluate the effect of the ethanolic extract of the leaves of *Acalypha indica* in bronchial asthma in humans. Prior to this investigation preliminary toxicological and pharmacological screening was also carried out. The results will be discussed in full paper.

AMUDHAKALASAM SIDDHA LITERARY RESEARCH CENTRE

OPIIIA-1

IMMUNOMODULATORTY PROPERTIES OF CERTAIN SIDDHA DRUGS - PESIN AND SIVA

***J.R. KRISHNAMOORTHY S. RANGANATHAN**
*Governing Body member, CCRAS, Govt. of India,
No.11. Perumal Koil Street, Kuntrathur, Chennai - 600 069.

The Immunomodulatory properties of the Siddha drugs - *Pesin* and *Siva* drops, propriety formulations of Dr. JRK's Siddha Research and Pharmaceuticals (P) ltd., Kuntrathur, Chennai were stuided in detail. *Pesin* enhances the T-helper cell mediated immunity. T-helper cell mediated immunity impairment in animal model was created using three drugs viz., cyclosporin, cyclophosphamide and FK506 and the pesin was administrated in these animals. The co-administration of the immunosuppressive drug and *pesin* has resulted in insignificant immune suppression when compared to the complete immune suppression in animals that received only the immunosuppressive drugs. The challenge studies have re-confirmed the above findings. The results of the study clearly suggest that *Pesin* may be an ideal drug for the treatment of various immunosuppressive disorders including HIV in near future. *Siva*, yet another Siddha drug (Patent pending) was studied for its immunomodulatry activity especially boosting of phagocyte mediated immunity *in vitro*. The isolated peritoneal phagocytes were pre-treated with *Siva* and later were infected with opsonized fungal spores of *Candida Albicans* and *Aspergillus niger*. An increased phagocytic ability of the *Siva* treated phagocytes was recorded when compared to the untreated control. Further the phagocytic killing of the ingested spores was also found to be more in the case of treated phagocytes. This was confirmed by uptake of tryphan blue staining. The experimentation and results are discussed in the paper.

OPIIIA-2

AYURVEDIC MANAGEMENT OF ISCHAEMIC HEART DISEASE

V.D. AGRAWAL,
Swami Kalyan Dev Government Ayurvedic College,
Rampur (Muzaffarnagar).

Ischaemic heart disease is an important risk to human life on the global platform. The patients of I.H.D., are bounded to live in a restricted life style. The use of modern medicine provide a fearful life always at risk with different side effects. Ayurvedic therapeutics can

AMUDHAKALASAM SIDDHA LITERARY RESEARCH CENTRE

play an important role in different stages of cardiac disorders specially I.H.D.

The preventive aspect of heart disease is very well narrated in Charaka Samhita by three methods (i) preservation of Ojus (ii) Elimination of stress providing factors and (iii) Adopting diet and drug regime beneficial to Ojus and srotoprasadanam. It is also advised to follow the anti anxiety (prasamanam) and spiritual knowledge improving procedures for an effective prevention.

In the different stage of cardiac disorders different Ayurvedic drug regime is also effective.

Angina pectoris	-	Dwiretera Hingawadi Churna, Arjun Twak Churna, Brahmi Bati, Medhya Bati.
Frequent Angina	-	Prabhakar Bati, Siddha Makardhwaj, Mahavat - Vidhwanasak Ras.
Post Myocardial Infarction management	-	Yakuti Rasayan, Arjun Twak Kshirpaka, Akik Bhasma
Hypertensive Cardiac Disorders	-	Arjun Twak Churna, Brahmi Bati, Pathyadi Kwath
Prevention After M.I.	-	Puskar Guggulu, Punarnavadi Kwath, Gokshuradi Guggal, Puskarmool Churna, Prabhakar Bati, Jahar Mohra Pishta

Use of above drug is supposed to be highly effective. The hypothesis about above drug regime is planned on the basis of clincial experience and literary view. In spite of this a definite diet regime and use of other drugs like - Rasana. Ashwagamadha, Vaca etc. can also be given according to associated symptoms.

It is very important to note that by the use of Ayurvedic drugs as supportive therapy or main regime the well being of patients was found to be better and life style was seen to be more viable and active.

The details will be presented in full paper.

AMUDHAKALASAM SIDDHA LITERARY RESEARCH CENTRE

OPIIIA-3

"LIFESTYLE DISORDERS" AN UNANI CLINICAL APPROACH AND NEED FOR INTEGRATION

SYED IMAMUDDIN AHMED
Government Unani Medical College Arumbakkam, Chennai - 600 106.

The immense value of treasures of traditional system of medicines which is known to the world, has created an awareness globally. India is a country full of rich traditional heritage from time immemorial, and Tamil Nadu is a renowned state for the medical capital of our country. Every system of medicine has got limitation, merits and demerits above all every system is a supplementary to each other.

The lifestyle disorders have brought the human race to such a stage that the people are susceptible to dangerous illness. Cardiac ailments and Diabetes are few to mention. Recent trend of Bio-Statistics of the diseases shows that soon India is going to be the capital for heart diseases and diabetes in the world. The clinical evaluation of some of the dangerous illnesses will be discussed in detail.

In the present scenario it is a time to have integration among the systems. Unless and until there is a collaboration and integration among the medical sciences there will not be any success though we have achieved some goals in health care delivery system.

OPIIIA-4

கர்ப்ப கந்தி தைலம் - ஓர் ஆய்வு

ஐ. சொர்ணமாரியம்மாள்,
அரசு சித்த மருத்துவ கல்லூரி, பாளையங்கோட்டை.

சூதகத்தடை இன்றைய நாட்களில் பல இளம் பெண்களிடம் சாதாரணமாக காணப்படுகிறது. பல மாதங்களாக சூதகமின்மை, உடல் பருமன் என்பது இதன் முக்கிய குறிகளாக ஏற்படுகின்றது. பல காரணங்களில் நாளமில்லா சுரப்புநீர்களின் தன்மையே மிக முக்கிய காரணமாக உள்ளது. இதற்கு கந்தகத்தை ஆதியாக கொண்டு செய்யப்பட்ட கர்ப்ப கந்தி தைலம் என்பது வழங்கப்பட்டு ஆய்வு மேற்கொண்டதில் அனைத்து நோயாளிகளுக்கும்

AMUDHAKALASAM SIDDHA LITERARY RESEARCH CENTRE

குதகத்தடை நீங்கி உடல் பருமன் குறைந்தது. இதனை பற்றிய விரிவான விளக்கம் முழுகட்டுரை சமர்ப்பிக்கின்றேன்.

OPIIIA-5

MEDOROGA & MEDODOSHA - A TREATMENT APPROACH

BARTI V.K. SHAHI JASBIR KAUR D.K. MISHRA
CRIA, New Delhi.

Medoroga and Medodosha (obesity & lipid disorders) have been widely described in Ayurveda especially Sushruta - Samhita.These predispose many other diseases like Prameha, Vatarogas etc. Modern medicines like Gemifibrogil, Lovastatin & Amphetamines have much side effects. Shilajatu, Gomutra, Triphala, Lauh Bhasma, Guggulu, Ayush-55, Katuki, Arogyavardhini, Kushtha & Vacha are some of the Ayurvedic medicines found clinically successful in treating the patents of Medoroga.

Present Study has been conducted at CRIA, Punjabi Bagh, New Delhi. Vacha Kutaki Ghana Sattwa 1 gm. thrice a day has been administered to the pateints of medoroga for 3 months. Symptomatic improvement, effect on body weight, serum cholesterol and L.D.L. have been assessed after 3 months of Vacha Kutaki administration in these patients. Vacha Kutaki Ghana sattwa is found to be clinically effective in the management of Medoroga.

OPIIIA-6

KULIR ERUMAL (BRONCHITIS) - A CLINICAL STUDY

A.M. ABDUL KHADER
Govt. Siddha Medical College, Chennai - 600 106.

In recent days, Siddha System of Medicine, one of the traditional medical system prevalent in south parts of India especially at Tamil Nadu is receiving more attention in the health care arena. As per the fundamental concepts of Siddha system any change in the environmental factors gets reflected in the human body. The human body gets adapted to the environmental changes if it is in healthy conditions and if the adoption fails, the body yields to certain diseases.

AMUDHAKALASAM SIDDHA LITERARY RESEARCH CENTRE

In General, Chronic Bronchitis is precipitated by the following two important factors

Seasonal variations and

Exposure to Allergens (dust, fumes, etc).

In the present Clincial study, the sufferers of the diseases were treated with the following combined medications.

1) Sivanar Amirtham and

2) Thalisathy chooranam

The patients were diagnosed by using the prime diagnostic principles of Siddha System of Medicine and Modern diagnostic parameters. Prognosis was assessed based on the relief from symptoms like cough, difficulty in breathing, wheezing etc.

The results are dealt in detail in the paper.

OPIIIA-7

THE CORONARY CARE IN SIDDHA

M. RAJASEKARAN
Govt. Siddha Medical College, Chennai - 600 106.

The "Karpoorthimezhugu", Herbo - mineral compound drug at 50 mg was tested on adult male healthy wistar rats (on an average weighing 150g) for toxicological studies and at 10 mg for lipid profile test.

There is no side - effects, untoward effects, adverse effects and there is improvement of the compound on lipid profile.

The clinical evaluation of this compound was carried out on twenty non - diabetic male patients aged 45 - 65 years. at 500 mg three times a day for 45 days treatment regime.

Their B.P., E.C.G. Echocardiogram, Angiogram, TMT Doppler, Serum Homocysteine and Lipid profile were screened before and after the treatment which shows remarkable improvement.

AMUDHAKALASAM SIDDHA LITERARY RESEARCH CENTRE

The periodic check-up at 6 months, 1 year, 1 ½ years, and 2 years were also carried out and there is no recurrence so far.

So, this compound may be tried for the multicentric clinical study.

IPIIIB-1

NEIKKURI - ONE OF THE SIDDHA DIAGNOSTIC PARAMETERS - ITS CHARACTERISTICS AND CASE STUDY

P. SELVA SHUNMUGAM
Getwell Hospitals, Tirunelveli - 627 001. TamilNadu

Siddha medicine and ancient concept derived from the scriptures of Siddhars has its base for diagnosis in the form of "Envagai Thervu" and treatment based on it.

One among the paramenter is Neikkuri, which is based on the administration of gingelly oil in the sample of patients urine to find out the severity of the disease and to know the prognosis.

The basic concept of neikkuri depends on the main Thathus (i.e) Vali, Azhal and Iyam. Scriptures clearly specify the formation of neikkuri according to these thathus irrespective of the disease affecting the urine sample of the pateints.

10 Patients with HIV affected by Oppurtunistic infection, 25 patients with Diabetes mellitus, 10 Patients with Bronchial asthma and 10 patients with Rheumatoid arthritis were included in this case study to ascertain the importance of neikkuri in Siddha Medicine.

The Characteristics and findings relevant to the said diseases will be presented in the seminar to prove the efficacy of neikkuri as an important tool in diagnosis as well as prognosis.

AMUDHAKALASAM SIDDHA LITERARY RESEARCH CENTRE

SURGICAL METHODS - PERSPECTIVE OF ACHARYA SUSRUTHA

VANITHA. R.
No.6, New State Bank Colony, West Tambaram, Chennai - 600 045.

Susrutha is the Father of Indian Surgery or "Father of Plastic Surgery". The surgical writing of Susrutha is in the form of a treatise known as "Susrutha Samhitha".

Susrutha described different surgical super specialied departments like Plastic surgery, Orthopedics, Craniotomy, Amputation, Gynaec and Obstetrics, Neonatal, Surgical Gastro-enterology, Ano-rectal, Genito-urinary, ophthalmology and E.N.T. Other para surgical methods are agnikaram, (cauterization) etc. Kshara Karma (Alkali) Rakthamokshanam (Blood letting and venesection) etc.

Susrutha classified all surgical methods into different kinds like Bhedhana (Excision), Chedhana (Incision), Vedhya (Puncturing), Aharya (Probing) etc. He recongnizes 125 different surgiclal Instruments, 4 types of suturing materilas, blood transfusion (Goat blood), anatomy, dead body dissections and preservation and surgical training. Plastic surgeries in case of cleft lip, split ear lobes, pericle skin flap etc. Orthopedic surgery in Sandhi mokshanam (Dislocation) and Asthi bhagnam (Fracture) is described. Susrutha also described different types of dislocation, and fractures.

Regarding obstetrics and gynaecology, Susrutha described Mudagarbhas (malpresentation of foetus) and its management, through Caesarian, or Termination of pregnancy etc.

In neonatal and peadiatric surgery, Asmari in children, technique of piercing children's ear, Fistula in ano of children are explained.

In urogenital surgery, Asmari (calculi) and its management is given Regarding genital surgery, technique for Mutravridhi (Hydrocele), Antravruddhi (Hernia), Niruddhaprakasa (phimosis), Parivartika, veneral diseases are explained. In sugical gastroenterology, udararogas are explained, special attention is given to Baddha Gudhodara (Intestinal Obstruction) are explained. In Jalodhara (Ascites), Ascitic fluid tapping is done.

AMUDHAKALASAM SIDDHA LITERARY RESEARCH CENTRE

Operative procedures for Arsas (haemorrhoids), Bhagandhara (fistula in Ano), sataponaka (multiple fistula) unmargi (removal of foreign bodies) are descibred.

In Ophthalmology, surgical procedures like Chedana (incision), Lekhana (scarification),. Bhedhana (excision), Siravydhanan (venesection) etc are given. E.N.T. surgery for Talurogas, Danthamula rogas and Danthagata rogas are also explained., For all the operative procedures Susrutha explained both pre-operative and post operative procedures. The essentials of Indian surgeries according to Susrutha Samhitha will be elaborated in my paper.

OPIIIB-3

INSITE INTO NEIKKURI

P.K. SARAVANAKUMAR S. SHAKUNTHALA SHARADHA MANI M. VISHARA
Mani Omega Siddha Care
109, Katchery Street, Velur Road, Thirunchengodu.

The pattern of images formed is used to evolve a standard method for analysis of Neikuri

The Objective of this study is to highlight the ananlysed the Siddha method of Neikuri for a group of patients of various age group, diseases etc.

The sample is tested for routine investigations.

The pattern of images obtained is photographed using a digital camera and uploaded in the computer for further reference.

The urine of the patient is taken in two containers and water of knwon pH is used as the standard in another. The fluid levels are adjusted to be the same in all the three.

A special graduated stand is used in which three urine containers can be kept and the height from which the gingelly oil is dropped can be measured.

The image obtianed is photographed using a digital camera and uploaded in the computer.

A part of the sample is taken to the lab where routine investigations like pH, specific gravity, albumin, sugar, deposits, bile salts, and bile pigments are done and recorded.

AMUDHAKALASAM SIDDHA LITERARY RESEARCH CENTRE

OPIIIB-4

SWARANA VANGA CHENDURAM FOR DIABETES MELLITUS & GANGRENE

T. MUTHUKRISHNAN
Govt. Primary Health Center, Ganapathy Palayam, Erode

It is an apt medicine for the dreadful, incurable disease diabetes mellitus. But so far not even a single Vanga Chenduram was exposed and prepared perfectly as Sidhhar's mentioned. Here this article explains the best method of preparing Vanga Chenduram. Every Siddha practitioners know that Vangam is already mentioned for Diabetes melitus in the literature.

There are hundreds of methods to prepare the Vanga Chendruam. Vangam + Gold and Kadi method of preparation of Lead has a very excellent quality in controlling the Diabetes mellitus.

It is well observed in controlling diabetes mellitus than any herbal drugs. Weight loss is prevented and side effects in diabetes like, peripheral neuritis, diabetic retinopathy, burning sensation in the palms and soles are almost vanished. Blood glucose level gradually came to normal and maintained for a long term.

Miraculously a 73 yearly old Insulin dependent (IDDM) patient with Diabetic gangrene was completely cured by this Swarna Vanga Chenduram as his gangrenous finger's tissues were nourished and fresh tissues were formed within few months of treatment. For the gangrene, external oil was prepared and applied for a period of 6 months - (copper sulphate, arsenic perchloride, Sida Oarpini, Datura, pongamia and coconut oil are some of the ingredients in the external oil.

Strict diet is the main problem for the patients in diabetes mellitus. Normally I advise my patient to take enough food according to their hunger. Calorie based diet was not adapted in most of these patients. In my experience during my treatment patient's blood sugar level were not raised cosiderably. Artificial sugars and candy were not allowed.

OPIIIB-5

AMUDHAKALASAM SIDDHA LITERARY RESEARCH CENTRE

THERAPEUTIC EVALUATION OF UNIM - 105 IN COMPARISION WITH ICTRUS (UNIM - 106) IN INFECTIVE HEPATITIS PATIENTS

ZAHEER., SAJID. AEJAZ A. KAREEM. SAYEEDA & G. SULTANA
Regional Research Institute of Unani Medicine, Chennai - 13.

The present study was undertaken to evaluate the therapeutic efficacy of coded Unani drug UNIM - 105 in comparison with a standard drug Ictrus (Unim - 106). The study was carried out in a total no. of 229 actue infective Hepatitis patients of either sex, 122 patients received treatment with Unim - 105 and 107 patients treated with UNIM - 106. The study revealed 94% therapeutic efficacy with UNIM - 105 therapy. The results observed are discussed.

OPIIIB-6

CLINICAL EVALUATION OF SHATAVARI MANDOOR IN CASES OF PARINAMA SHULA (PEPTIC ULCER SYNDROME)

***N.C. PRASANNA LAKSHMI **S.K. TIWARI**
*S.J.S. Ayurvedic College, Nazarathpetai, Chennai.
**Dept. of Kayachikitasa, I.M.S., B.H.U., Varanasi.

In modern era parinama shula (peptic ulcer syndrome) is the most common disease of the gastrointestinal tract, which is still posing challenge to the physicians in day - to - day clinical practice. In modern medicine the treatment of peptic ulcer syndrome is mostly symptomatic resulting in frequent relapses. There is vivid description of parinama shula along with its managment in Ayurvedic treatise. The main object of present research work is to clinically evaluate the efficacy of shatavari mandoor in the treatment of parinama shula. For present study 30 cases of parinama shula were selected and they were given shatavari mandoor 3g b.d. with cow's ghee for 3 months. Majority of the patients showed clinical and endoscopic / radiological improvement. Details of clincial study will be presented in the paper.

OPIIIB-7

AMUDHAKALASAM SIDDHA LITERARY RESEARCH CENTRE

THE USE OF "THAMARAI THANDU" IN ANTENATAL CARE

***K. NALINA SARASWATHI **P.SATHIYA RAJESWARAN**
*Govt. Siddha Medical College, Palayamkottai

"Thamarai Thandu" is the common drug which finds its place in all the compound drugs mentioned under the medicines used in "Soolmaruthuvam" in antenatal period. The amount of Iron and Folic acid and all the other calorific values are standardised and the results were discussed. The bio availability, toxicity will be studied later.

OP III-B-8

THINAI AND THE INFLUENCE OF THREE HUMOURS IN SIDDHA

K. MEENAKSHI SUNDARAMOORTHY S. JEGA JOTHI PANDIAN
K. SIVAPRAKASAM
CRIS, Arumbakkam, Chennai - 106.

Since beginning, the life style ofDravidians especially Tamilians had been adaptive to different climates, places etc., which are vital factors for modifications of three humours. This is clearly indicated in our Siddha literature. For certain diseases, the changes of place and also the climate play a major role in an individual's health aspect.

Hence without knowing the fundamental principles of Siddha system of medicine, the treatment for those diseases cannot be fruitful.

This paper elaborates the influence of place and the climate on health resulting in the imbalance of'Mukkutram'.

OPIIIC-1

SWITRA - AETIOPATHOLGICAL STUDY AND CLINICAL TRIAL

A. SATHYA PRABHA A. VINOD KUMAR

Susruta while giving definition of health mentioned "Prasanna Atmendriya manah" i.e., pleasantness of Atma, Indriyas, and mind together considered as health (Swastya).

AMUDHAKALASAM SIDDHA LITERARY RESEARCH CENTRE

Mind or mental health also includes the external appearance that is those who have good external appearance are very much confident and strong in doing their works, but if the external appearance is not good, people may have inferior feeling by that they cannot perform their duties in good manner. Switra is a type of disease, which won't give much ill health, but it gives cosmetic disability to the individual. So the patients of switra are affected by psychiatric and social problems and are banished by the society. Hence the patients of switra are depressed a lot. They are spending lot of money for treatment of this disease. But some are getting relief others are not. Why they are not getting relief? To this question doctors are not getting answer, and also it is observed that switra is a hereditary disorder in some families. So if we know the proper etiology and pathogenesis of switra we can prevent this disease in familial spreading. Through that we can save the society and children who are the future civilian of the country from depression and social embarrassment.

In this trail total number of patients studied were thirty under three groups by using **SWITRAHARA CHOORNA & SWITRAHARA TAILA**. Duration of study was three months and results are varying, but on the whole 50% excellent response was observed.

OPIIIC-2

A CLINICAL STUDY ON PSORIASIS (KALANJAGAPADAI)

G. THIAGARAJAN
Government Siddha Medical College, Chennai - 600 106.

Psoriasis (Kalanjagapadai) is a chronic inflammatory disease of the skin, which affects 2% of the world population irrespective of age and sex. Its etiology is not yet known and has no permanent remedy so far. This disease has been studied based on the literatures of Siddha medicine, clinical findings with the patients, prognosis etc.,

As enshrined in the Siddha literature, the remedial measures for the disease have been adopted in this study and has been standardized with regard to the

AMUDHAKALASAM SIDDHA LITERARY RESEARCH CENTRE

efficacy of the trial drugs. Sivanar Vembu Choornam and Kuzhithailam as interna drugs; and Sivanar vembu thailam as external application. The trial drugs were given to the patients who attended the outpatient and inpatient departments of the Government Siddha Medical College Hospital. The results were documented systematically and analyzed scientifically in detail. There has been significant control of psoriasis on administering Sivanar vembu choornam and Kuzhithailam drugs internally and Sivanar Vembu thailam externally.

OPIIIC-3

CURRENT UNANI MEDICAL APPROACH TOWARDS DIABETIC COMPLICATIONS WITH SPECIAL REFERENCE TO DIABETIC FOOT

BASHEER AHMED A.A. SAYEED IFTEQUAR JAHAN BEGUM
Department of Jarahiat (Surgery),
Govt. Nizamia Tibbi College and Hospital, Charminar, Hyderabad.

Ziabatus (Diabetes) is a complex metabolic disorder. It is an alarming condition invite the attention of patients, physicians and surgeons to check the metabolic disturbances initiated within the constitution. No doubt the complications are very drastic such as atherosclerosis, ischemia, peripheral neuropathies, infection and gangrene etc.,

The Unani system of medicine deal with the disease Ziabatus (Diabetes) as a complex disorder in which altered temperament, altered humours, structural defects, dysfunctional activity of the organs and constitution are found. The delayed complication of diabetes is atherosclerosis in both micro and macro vessels, due to which inadequate circulation to the peripheral part of the body lead to ischemia, neuropathy, infection, ulcers and gangrene. Scientific evidences support that non-healing ulcers in diabetes are due to low body resistance and poor tissue resistance. Frequent administration of chemotherapy are also lowering the tissue resistance and act as a immuno suppressing agent.

It is a challenge of new millenium and 21st Century that even after sophisticated discoveries that in diagnosis and treatment, the scientists of present era could not control high risk factors like morbidity, mortality, disability and deformity.

AMUDHAKALASAM SIDDHA LITERARY RESEARCH CENTRE

Keeping in view the complication of diabetes especially lower extremities involvement and its scientific management, a clinical study is carried out at Nizamia General Hospital, Charminar, Hyderabad, Andhra Pradesh adopting the ancient methodology of diagnosis and treatment. The result of the patient so far given treatment are highly encouraging one and it lead to give scope for further research on large scale.

The details of study will be presented in the paper.

OPIIIC-4

PROTOCOL, DESIGN, CONDUCT AND ANALYSIS OF SCIENTIFIC STUDIES WITH RESPECT TO HOMOEOPATHIC DRUGS

J. SETHUMONI
Govt. Homeopathic Medical College & Hospital, Thirumangalam.

Protocol, design, conduct and analysis of scientific studies with respect to Homoeopathic drugs were carried out in the following manner. 150 cases were selected which include dermatological diseases, Arthritis, Upper respiratory tract infection, diseases of female generative system and also Infertility where the defect is in male as well as in female.

The selected design is completely randomized design. Outof 150 cases 50% were treated with organopathy remedies and similar medicines, that means medicines which are having specific sphere of action in particular organ and similar medicines bearing the similarities to the disease condition of the individual respectively.

Another 50% of cases were treated with Anti-Miasmatic drugs based upon the characteristic symptom of Miasm of the sick individual. The complaints of the patients treated with organopathy remedies or similar medicines, were getting relieved for a short period only. After that all complaints, tissue growth recurred. Recurrence become an unavoidable whereas cases treated with Anti-Miasmatic drugs is getting improved steadily and cure takes place permanently. No recurrence of the ailment, which substantiate Anti-Miasmatic remedy controls the

AMUDHAKALASAM SIDDHA LITERARY RESEARCH CENTRE

entire organism and prohibits its uproar so that the individual will experience a permanent cure in long standing disorders which are said to be incurable or surgical disease by other school of physicians. So clinically the protocol has given to Anti-Miasmatic remedies to save the suffering humanity from cruel hands of disease-producing agents in and around us.

OPIIIC-5

MY EXPERIENCE (EXPERIMENTS?) WITH THE WHEEZERS

S. PARI,
266-C, Adwaitha Aswaram Road, New Bus Stand Opposite, Salem - 636 004.

Salem is known for Steel, Mangoes and Bronchial Asthma. The Indian Express carried an article a few months ago about the high prevalence of Asthma in the city. Weaving units, Power looms, Spinning mills and in general the dusty atmosphere, besides the rapidly changing weather as well as the ever congested traffic play probably a major role in the precipitation of Asthma. The Asthmatics are not only known for shifting from one clinic to the other, but also for trying different systems of medicine, looking for some magic cure. Therapy ranges from the very common steriod abuse to "Fish therapy" and people tirelessly try out different modes of treatment. As a Siddha practitioner, because of the excessive load of cases, I decided to document details of cases of Bronchial Asthma, and after a year of practice I am humbly trying to present my findings with the hope that it will receive constructive criticism that will sharpen my analytical skills for future work.

OPIIIC-6

CLINICAL STUDY OF UNANI DRUGS IN SAILANUR RAHAM (LEUCORRHOEA)

MAHMOODA BEGUM S.I. AHMED
Govt. Unani Medical Collge, Chennai-106.

Sailanur Raham (Leucorrhoea) is a most common gynaecological problem in all age group of present era (about 30% of cases in gynaec O.P.D.). Unani system of medicine is having a good number of anti -leucorrhoeic drugs. Sailanur

AMUDHAKALASAM SIDDHA LITERARY RESEARCH CENTRE

Raham (Leucorrhoea) causes psychological trauma and stress in women.

Unani Physicians like Buqrath (Hippocrates), Jalinoos (Galen) and Abu Ali Seena (Avicenna) have discussed in detail about Sailanur Raham (Leucorrhoea). They have described Sailanur Raham (Leucorrhoea) as a whitish vaginal discharge which occurs in any age group and it can be due to local or systemic disorder.

A detailed therapeutic study was conducted with 2 compound drugs which showed a remarkable results. The details of the study will be discussed in paper.

OPIIIC-7

ROLE OF RASAYANAKALPAVATI IN THE MANAGEMENT OF POST MENOPAUSAL SYNDROME

DINESH K.S. AMMI MODI BHARVI THRIVEDI I.U. MISTRY,
Dept. of Kaumarabhritya, I.P.G.T. R.A., Jamnagar.

Menopausal Syndrome is one of the alarming health hazard in women world wide. This also deteriorates the mental as well as physical well being of a woman. The presentation of this disease ranges from hotflush to sexual dissatisfaction. The hormone replacement therapy is the one and only alternative in modern medicine and it contributes severe side effects. But herbal preparations especially from Ayurveda can do much more in this field without any secondary complication. Here in our institution certain clinical studies had been carried out with Rasayana kalpavati in post menopausal syndrome and found that it is having a dramatic result. The results of the clinical trial and scientific discussions will be presented in the seminar.

AMUDHAKALASAM SIDDHA LITERARY RESEARCH CENTRE

OPIVA-1

CHEMICAL MEDICINES IN SIDDHA SYSTEM OF TREATMENT

K. NATARAJAN

Inorganic substances like metals, minerals etc are used in the preparation of Siddha medicine. These inorganic substances are subjected to heat process. They attain chemical changes at molecular state. The entire physical appearance, consistency and colour of the materials used for medicinal preparations are completely changed. That is why these medicines are called 'Chemical medicines'.

Metals and minerals when they are subjected to several manufacturing processes which include 'Putam' process and purification process their atoms are gradually converted and finally become 'products for treatment'. These medicines may be considered to have attained organic nature or atleast a stage equal to that because these medicines are easily assimilable in the body without causing side effects. Moreover, they have sustained action in the body.

But, herbal medicines though they are harmless they do not have residual and sustained action in the body.

For acute and chronic ailments medicine of higher order like 'kattu', 'chunnam', 'parpam' and 'chendooram' are required. The above mentioned medicines are prepared out of inorganic substances like metals, minerals, mercury and its compounds & arsenic and its compounds. That is why there is a saying in Siddha,

வேர் பாரு தழை பாரு மிஞ்சினக்கால்
மெல்ல மெல்ல பற்ப செந்தூரம் பாரு பாரே.

The meaning of the above tamil version is an instruction to the Siddha physician. First, the physician should administer medicines of herbal origin, if the treatment on the patient does not respond to this, then the physician should prescribe medicines like, 'parpam' and 'chendooram' which are prepared out of the above mentioned inorganic substances.

Hence, if properly manufactured according to the shastras or rules stated by the Siddhars, chemical medicines of Siddha are more efficacious than herbal medicines in acute, subacute and chronic ailments without causing side effects.

AMUDHAKALASAM SIDDHA LITERARY RESEARCH CENTRE

CONTRIBUTION OF INDIAN ANTI AGING HERBAL DRUGS IN MEDICINE OF THE MILLENIUM

GYANENDRA PANDEY
Regional Research Institute (Ay.) Gwalior Road,
Jhansi - 284003, U.P. India.

Advancements in the field of medical sciences attract keen attention of the scientists working in the different areas of medicine, biological science and biotechnology and with emphasis for greater and wide concentration on the preservation of health and curative measures of diseases, opens new avenues for multidisciplinary studies of various aspects of etiopathogenesis with relation to reactive molecules involved in many physiological processes and making a common group of free radicals mediated diseases among human disorders.

The immunology, biochemistry, body defence system, biogenesis, cellular biology and medicine along with other allied branches of studies are interacting to study the aging process and to find out the medical measures for encountering the senile disorders, with investigation on different aspects of physiopathological nature related to aging phenomenon of human body. Vital intercourse between modern and ancient ideologies in the areas of medical science is to play pivotal role in conducting in-depth investigation on the aspect of gerontology and there is growing interest for searching anti-aging drugs in global perspectives.

Remarkably modern pharmacology and clinical medicine are actively conducting series of studies on anti-aging drugs, disorders of senile stage of human body and aging process, the vast knowledge of Indian medicine, the science of life itself, is competent source of potentials in regard to the concepts, principles, drugs and medicine including the management of aging disorders, preservation of health, comprehensive fitness of body and mind (prefect health) and rejuvenation of life with longevity. Thus the anti-aging herbal drugs have wide prospects in the world perspectives.

AMUDHAKALASAM SIDDHA LITERARY RESEARCH CENTRE

Many of the rasayana drugs possessing immunomodulatory and anti-oxidant effects in prevention of ailments, preservation of health and curative measures against diseases including various psychosomatic, chronic, degenerative and auto-immune disorders. Scientific investigations have resultly been diverted towards herbal drugs, which are found to be potent source of anti-oxidant agents remarkably validating great significance of rasayana therapy as a thrust area of anti-aging herbal agents crediting Ayurveda for medicine of the millenium.

OPIVA-3

THE GROWING PHYTO - PHARMACEUTICAL INDUSTRY

ARUNA MATHUR

G. Das (Exports) Pvt. Ltd.

The oft repeated saying "the old order changeth yielding place to the new....." does not seem to be applicable when it concerns health care of man. On the contrary, the truth seems to be the other way round! The ancient 'Knowledge (Science) of Life' or Ayurveda defines disease as an imbalance in the natural factors contributing to the make-up of man from the stand point of both his physical and psychic components and any correction in this imbalance has to be brought about only through help from natural resources that sustain the life of man in its totality. This concept has been totally overlooked in modern times; diseases and common ailments are considered as afflictions of the physical parts of the body that could be controlled by treatment or suppression of their symptoms with chemicals, not natural but artificial and synthetic. Nevertheless, WHO defines health as "a state of complete physical, mental and social well being and not merely the absence of disease or infirmity." There is, therefore, a recognition of the traditional view that, there is no clear distinction between medicine and food.

This understanding has resulted in evolving food standards, with the Codex Alimentarius Commission addressing issues associated with risk assessment principles and procedures for foods and dietary uses. In the United States in particular, the role of phyto-chemicals with pharmaceutical properties is more acceptable as dietary supplements than as drug principles.

AMUDHAKALASAM SIDDHA LITERARY RESEARCH CENTRE

DESIGNING OF RURAL INFORMATION CENTER FOR HERBAL SYSTEM OF MEDICINE

***A. THIRUMAGAL **MANORAMA SRINATH ***G. GNANA SEKARI**
The TN Dr. M.GR. Medical University, Chennai
**Dept. of Library and Information Science, University of Madras, Chennai
***Literary Research and Documentation Dept. CRIS. Chennai

Basically indian systems of medicine consists of herbs, metals and minerals which are abundantly available in rural areas in India. The rich medicinal value of herbs and minerals have not been recognized properly not only by urban society but even by rural population at present Indian systems of medicine such as Siddha and Ayurveda are gaining popularity not only within the country but also in foreign countries. Foreign pharmaceutical companies have utilized the ignorance of general public about the significance of the herbs and the mineralsand also due to the secrecy maintaned by the anceint Indian Medicinal practitioners for the commercialization. For example, neem and turmeric, which are abundantly available in India, were considered as ingredients to prepare effective medicines for ailments in ancient days. Similarly, clove is an ingredient which is not only used for cooking delicious food but also for preparing medicines by the ancient practitioners in India. In spite of the rich knowledge of preparation of drugs with the herbs and other ingredients, they failed to document their knowledge properly and patent the medicines, which has proved as a very advantageous position for foreign commercial medical organizations. Hence, this situation warrants creating a rural center for herbal system of medicine, which will create an awareness of the medicinal value of herbal plants among the rural people.

This article explains the stages involved in designing the rural information center for herbal system of medicine. This is based on the research work going on by a researcher at University of Madras, in the Department of Library and Information Science.

AMUDHAKALASAM SIDDHA LITERARY RESEARCH CENTRE

OPIVA-5

TOXICOLOGICAL PROFILE - A BOON OR BANE FOR SIDDHA?

KALAVATHY KAMALAKAR RAO K. SIVAPRAKASAM
Central Reserach Institute for siddha, Chennai - 106

The interest and intrigue of scientists all over the world has triggered the global revival of indigenous systems of medicine for propagation and restoration of health in addition to prevention of diseases. Siddha system, the heritage of the Tamil is special. scientifically significant and holds a vital place in the history of medicine. The metal therapy of Siddha is unique and Siddhars are the pioneers to use metal as medicine for a variety of ailments successfully. Though the clinical results are apparent, the toxicological profile is incomplete till date. As the metabolism of these drugs are yet to be studied in detail, their safety on patients is always under dispute and invites very bad criticism. More than 50% of the formulations of Siddha armamentarium cover metallic preparations and are widely used.

Central Research Institute for Siddha, Chennai - the biggest clinical research unit for Siddha is researching on certain clinical problems using metallic formulations. This paper details the toxicological profile of long term as well as short-term clinical trial, supported by periodic laboratory investigations and allopathic diagnostic and prognostic methodology. Toxicity study results on animals are given in a nutshell. Clinical and laboratory results focus on the scientific evaluation of the toxicological profile of the drugs tested and the safety of the patients on prolonged use of these drugs.

OPIVA-6

PROTOCOL FOR EVALUATION OF THE EFFICACY OF THE CODED HERBAL DRUG ON PSORIASIS.

S. RAJALAKSHMI D.S. JAYAKARAN K. SIVAPRAKASAM
Central Research Institute (Siddha), Chennai-106.

During the last decade, use of traditional medicine has expanded globally and the World Health Organisation estimates that about three quarters of the world's population currently use herbs and other forms of traditional medicine. With the tremendous expansion in the use of traditional medicine world wide, safety and efficacy as well as quality control of herbal

AMUDHAKALASAM SIDDHA LITERARY RESEARCH CENTRE

medicine becomes mandatory. Various practices of traditional medicine have been developed in different cultures without a parallel development of international standards and appropriate methods for evaluating traditional medicine. Since 1991 WHO has developed and issued a series of technical guidelines. These guidelines focus not only on the safety, efficacy and quality control of the traditional medicine but also on the methodologies on research for improving the quality and value of research in traditional medicine.

In this paper a model protocol for evaluation of the efficacy of a herbal drug on Psoriasis is detailed. This protocol is prepared based on the WHO guidelines for clinical research.

OPIVA-7

MEDICINAL PLANT DIVERSITY IN THE KOLLI HILLS, INDIA

CHITTIBABU C.V.,
Dept. of Medicinal Botany, Govt. Siddha Medical College,
Chennai 600 106.

Medicinal plants are powerful curative to several diseases of human beings. Modern science still extracts most of its medicines from plants, thereby making inventories on medicinal plants an important subject. Medicinal plant diversity studies were conducted in four 2 ha (100 m x 200 m) plots of tropical evergreen forests ('sholas') in the Kolli hills, Eastern Ghats, South India. A total plant diversity of 156 species comprising 78 trees, 26 lianas and 52 understory plants were recorded in the 8 ha quantitative inventory. Of these three life forms, the predominant medicinal plants were analysed and studied for their medicinal uses. For instance, *Memecylon umbellatum* (Tamil. Kasa) of Melastomataceae alone contained 808 individuals (20%) out of total 3825 trees $\geq$ 30 cm gbh. Medicinally, the leaves of *Memecylon* are used externally to cure conjunctivitis, and internally to cure leucorrhoea and gonorrhoea, while the decoction of its roots is useful in excessive menstrual discharges. *Hiptage benghalensis* (Tam, Adigam, Vasandi) of Malpighiaceae among the lianas $\geq$ 5 cm gbh was found abundant (12%). The leaves of *Hiptage* are useful in curing chronic rheumatism, skin diseases and asthma. *Cyrtococcum, Arisaema, Dryopteris, Paspalum and Phyllanthus* were predominant among the understory plants. The greater diversity and density of medicinal plants in the Kolli hills, call for conservation of these forests.

AMUDHAKALASAM SIDDHA LITERARY RESEARCH CENTRE

OP IV-A-8

AN ECONOMIC EVALUATION OF CONTRACT FARMING OF MEDICINAL PLANT - COLEUS (Coleus forskholii) IN TAMIL NADU

N. RAVEENDARAN, N. AJJAN E. VADIVEL & S.R. RAJESH
Tamil Nadu Agricultural University, Coimbatore - 3.

In Tamil Nadu, Coleus is being commercially cultivated in about 1250 acres. The districts which are cultivating coleus, are Salem, Villupuram, Thiruvannamalai, Namakal and Perambalur. Tamil Nadu is blessed with different agro climatic regions for growing many medicinal and aromatic plants. Lack of awareness of potentialities offered by cultivation of medicinal plants, inadequate technology for value addition, lack of proper agro techniques for most of the medicinal plants and absence of price support and incentives are the major reasons for reluctance of farmers to cultivate medicinal plants. If farmers are assured of remunerative price with buy back arrangements of products, supply of inputs in time backed up with technical guidance, they are ready to undertake commercial cultivation of the crops. Otherwise contract farming shall entail all these features. Accordingly contract farming being practiced for Coleus was studied in depth.

Keeping this in view, an attempt is made in the present study to analyse the economics and its marketing with the following specific objectives.

i) to analyse economics and marketing of coleus

ii) to examine the advantages and disadvantages of contract farming in coleus and

iii) to suggest appropriate policy measures, for expansion of area under coleus in Tamil Nadu

The details are dealt in full Paper.

AMUDHAKALASAM SIDDHA LITERARY RESEARCH CENTRE

OPIVB-1

ANTIBACTERIAL ACTIVITY OF *COSTUS SPECIOSUS* RHIZOME EXTRACT ON PATHOGENIC BACTERIA

NAGENDRA PRASAD. P KALYANARAMAN .S
Department of Botany, Sri Paramakalyani College, Alwarkurichi - 627 412
Tamil Nadu.

Costus speciosus is an important medicinal plant belonging to the family Zingiberaceae. The Kanikkars of Kanyakumari district use this plant as food and medicine. Ethnobotanical investigation of the plant *C. speciosus* among the Kanikkars brought a number of new uses of this plant by the tribes in their therapeutic practices. *C. speciosus* rhizome extract was evaluated for antibacterial activity against pathogenic strains of Gram positive *(Staphylococcus aureus, Staphylococcus epidermidis)* and Gram negative *(Escherichia coli, Pseudomonas aeruginosa, Salmonella typhimurium)* bacteria. Rhizome extract was found to be most active and its activity was compared to the standard antibiotic gentamycin. Simple phytochemical analysis of total phenols and ortho-dihydric phenols were estimated in rhizome at the vegetative stage by using spectroscopy to assess the disease resistance phenomenon. The use of the rhizome extract as a potential bio-bacteriocide in prevention and treatment of bacterial infection has been suggested.

OPIVB-2

IN VITRO ANTI - TUBERCULAR STUDY ON KOMOOTHIRA SILAJATHU (ASPHALTUM)

***P. SAROJINI DEVI **SARADAVASANTH**
*Government Siddha Medical College, Chennai - 106.
**Central Research Institute for Siddha, Chennai - 106.

Komoothira Silajathu finds use in various medicinal preparations in Indian Systems of Medicine. It is used for treating hypertension, chronic bronchitis, asthma, genito-urinary tract infections, dropsy, nervous disorders, leprosy, diabetes, fracture of bones, renal and bladder calculi, digestive disorders etc., Its administration in different vehicle (anupanam) is said to increase the efficacy in cough, bleeding piles, skin diseases, etc.,

Medicinally purified Komoothra Silajathu has been subjected to in vitro anti-tuberculous activity against $H_{37}RV$. An attempt has been made to screen its anti-tubercular activity in vitro using $H_{37}RV$ and the results will be discussed.

AMUDHAKALASAM SIDDHA LITERARY RESEARCH CENTRE

OPIVB-3

UNIQUE PLANTS IN SIDDHA SYSTEM OF MEDICINE - CHEMISTRY AND BIOLOGY

SARADHA VASANTH
Central Research Institute for Siddha, Arumbakkam, Chennai - 600 106. India.

Some plant drugs are quite unique to Siddha system alone, entering into different medicaments. Out of those, three plants namely Imbural *(Hedyotis umbellata),* Thuduvalai *(Solamum trilobatum)* and Pidangunari *(Premna tomentosa)* were taken up for study. The divergent phytochemicals from these plants and their variations will be discussed. The various biological activities like antibacterial, antitubercular, anti-inflammatory, hepatoprotective and toxicity studies etc., of the plant extract as well as their phytochemicals would be presented.

OPIVB-4

DESCRIPTION OF URIC ACID CRYSTALS - IN TRADITIONAL SIDDHA LITERATURES

***M. PITCHIAH KUMAR **G. SUBASH CHANDRAN ***L.V. PATHY ****P.S. KUMAR**
* Dept. of Udal Koorugal Govt. Siddha Medical College, Palayamkottai.
** Siddha wing, Govt. Primary Health Centre Thirukurungudi.
***Dept. of Cardiothoracic Surgery Tirunelveli Medical College Hospital
****Dept, of Nephrology Tirunelveli Medical College Hospital

In western medical literature Renal diseases emerged as a separate speciality only during 18th & 19th century and reached a peak in the present century with renal dialaysis and renal transplant.

Siddha system is many centuries old and it also has expressed the renal diseases in an excellent way.

"நீரிரு வினைக் குணத்தை நீயறி விரித்து சொல்வாம்
நீரினைப் பெருக்க லொன்று நீரினை யிருக்க லொன்று
நீரிழி வுடனே கொல்லும் நீர்க்கட்டு வினைக ளொன்று"

- Theran Karisal.

AMUDHAKALASAM SIDDHA LITERARY RESEARCH CENTRE

sums up the story of various renal diseases that found a place in the modern medical literature.

In 'Yogi Chinthamani' description of renal calculai is elaborately dealt with, the description of uric acid crystals, its colour and its other clinical features are so meticulously described which are similar to the description that are found in modern medical literature. The pain due to calcui is compared to a piercing hot iron rod through the urethra as shown below.

அழல் கல்லடைப்பு

அடைப்பாகி கலந்தாணு மருவ லாகி
அயங்காய்ச்சிச் சொருகினாற் போலே காணும்
புடைப்பாகப் பொத்தியெங்கும் புழுக்கமாகிப்
பட்டுப் போல் பிகுவாகிப் புரட்டலாகும்
மடைப்பாகி உதிரநிற மாய்க்கல் லாகி
வந்திழந்து லிங்கத்தில் மாட்டிக் கொள்ளும்
குடைப்பாகிக் குற்றலாய்க் கூச்ச லாகிக்
குதட்டுமே பித்தகல் லடைப்புத் தானே."

– யூகி முனி வைத்திய சிந்தாமணி 800

In this juncture we pointed out the Azhal Kalladaippu which is one of the classification of Kalladaippu Noigal that is comparitively known as Renal calculi in modern medicine more or less resembles uric acid crystals. The clinical features and colour of the stone which gave more importance to suggest this comparision. The same was described in modern medical literature. Modern Medical description goes yellow to reddish brown stone which comes out of the urine. Azhal Kalladaippu noi descriptions in the siddha literatures resemble clinical features uric acid crystals.

AMUDHAKALASAM SIDDHA LITERARY RESEARCH CENTRE

OPIVB-5

USE OF INFORMATION TECHNOLOGY IN DOCUMENTATION, NETWORKING AND RESEARCH IN ISM

R. BRINDHA, PLANT ANATOMY RESEARCH CENTRE

The use of Information Technology and Networking management of Indian System of Medicine encompasses a wide range of activities from collection of data pertaining to each species of medicinal plants, its review work done, present state of availability and future plans towards conservation (in case of plants in the verge of endangered and extinction forms). The web being an interactive medium, information on web is an invaluable asset as ever before.

The present paper highlights the documentation and networking of Information associated with the medicinal plants with its taxonomic details, plant characters, pharmacognostic properties, ayurvedic uses, phytochemistry, toxic effects along with concerned reference.

Data management shall be practiced through MS-access, a window-based application with a large data management capacity. It contains as its components, tables, queries, forms, reports, macros and modules, which facilitates easy data entry and retrieval. Access responds to queries by displaying all records that match the query showing all concerned details meeting the user's criteria.

The design of this data management on medicinal plants will serve as a repository central nervous system of our country. The data house, so prepared shall contain data obtained from many sources in a consistent uniform format, so that the retrieval is quick and prompt, at the same time organized. Networking helps easy communication on a peer-to-peer basis. This information on Medicinal plants on Indian systems of medicine will be similar to a gigantic notice board that is visible to anybody and anywhere.

As information technology networking is the current state of interest and use today,

AMUDHAKALASAM SIDDHA LITERARY RESEARCH CENTRE

database on M & AP will be an asset of Indian as a whole. The ready to access information also cuts down the time consumed in book reference and data collection. This laudable goal will drive the plant benefits globally. Apart from database, it contributes to research in discovering new drug molecules and in understanding the mechanism of drug action - Bio informatics. This field helps in minimizing the lab expenses and manpower.

Medicinal plants towards Indian system of medicine will make a difference for itself and the world, if this conventional traditional practice is combined with the integration Information Technology to reach even the rural masses. The new millennium of M & AP is round the corner with its focus on challenges of the emerged and emerging, properties and uses of Medicinal plants.

OPIVB-6

ANTIMICROBIAL ACTIVITY OF LEAF EXTRACTS OF *SIDA ACUTA* BURM

S. AKILANDESWARI* A. JASWANTH S. KARPAGAM KUMARA SUNDARI
Department of Pharmacognosy, Periyar College of Pharmaceutical Sciences for Girls, Trichy.

Four successive solvent extractions of leaf of ***Sida acuta*** Burm have been studied for their antimicrobial activity against certain bacteria and fungi using the cupplate method. The aqueous extract showed antibacterial activity against most of the organisms tested. Chloroform and Petroleum ether extracts produced significant antifungal activity when compared with other extract.

OPIVB-7

UNDERSTANDING OF SOOKSHMA MANA IN CLINICAL PARLANCE

***MUHSEENA **DINESH K.S ***I.U. MISTRY**
*Govt. Ayurved College, Trivandrum
**I.P.G.T. & R.A. Jamnagar
***Dept. of Kaumarabhritya, I.P.G.T. & R.A. Jamnagar

Concept of Mana and Atma were well flourished in ancient Indian sciences obviously

AMUDHAKALASAM SIDDHA LITERARY RESEARCH CENTRE

in Ayurveda too. In classical Ayurvedic texts so many descriptions can be seen about Mana but now a days its clinical applicability is not so easy. It is a well known modern school of thought that each and every cell has a tendency to die and its death is governed by its own mind and soul. It is a clear cut fact that Ayurvedic drugs and procedure based therapies can influence the Sthoola mana also. The intended paper will deal the elaborate discussion of the aforesaid concept with special reference to certain degenerative disorders of human being.

OPIVC-1

ROLE OF PRACTITIONERS OF INDIAN MEDICINE IN NATIONAL BIO-DIVERSITY AND HERBAL MEDICINE

Ch. RAMAKRISHNAMACHARYA
Dept. of Ayurveda, Arignar Anna Govt. Hospital of Indian Medicine, Chennai - 106.

India has rich bio-diversity and associated with traditional and contemporary knowledge systems especially related to medical and health. To sustain the bio-diversity of India the government has come out with various acts including the National Bio-diversity Act 2000. Apart from involving various agencies and personnel it also invites the practitioners of Indian systems of Medicine to implement the said act. It provides the guidelines to protect the national bio-resources such as medicinal plants and animal products.

Herbs and herbal products including natural medicines fetching crores of rupees in import and export business in India. But true practice of exclusive herbal medicine has yet to be established in India. Codified and non-codified systems of medicines such as Ayurveda, Siddha, Unani and folklore are available in India. These systems are major source of knowledge for Indian medicinal plants and being practiced by doctors of these systems. Many medicinal plants that are not mentioned in traditional text are screened for their biological and pharmacological actions. Unfortunately many of the traditional practitioners do not know these developments.

This paper reviews the present scenario and suggests the role of the ISM practitioners in the involvement in National bio-diversity and practice of herbal medicine.

AMUDHAKALASAM SIDDHA LITERARY RESEARCH CENTRE

OPIVC-2

UNDERSTANDING OBESITY

S.T. VENKATESWARAN,
Govt. Naturopahy & Yoga Medical College, Chennai - 106.

Obesity occurs in people whose food intake exceeds the energy requirements of the body for physical activity and growth. For the most part, Obesity is preventable. Unfortunately, although the prescription for its cure is uniquely simple, the successful application of the treatment for prolonged periods or for life time is more difficult. Hence, relapse with return to obese status is the rule rather than the exception.

Traditionally obesity was defined as 20% or more above optimal weight for height. Simply we can say excess of body fat. The terms over weight and obesity are not identical.

The Most practical method of determining whether a person is obese, is by referring the weight to the standard charts based on weight and height relation ship. He can also be considered as obese if his weight exceeds by 9 to 10 kgs to his ideal weight. Body fat distribution can be assayed by a number of techniques.

OPIVC-3

ANTIBACTERIAL PROPERTIES OF SOME TRADITIONAL MEDICINAL PLANTS USED BY TRIBALS IN SOUTHERN TAMIL NADU, INDIA

R. PERUMAL SAMY S. IGNACIMUTHU

Plants as an important source of food additives and polyherbal drugs prepared by the various pharmaceutical companies to cure human alleviation in India. Four different types of natives "adivasi" used medicinal plants were collected, based on their traditional medicinal (medical) information obtained from the healers. Methanol extracts of different parts of the plants were tested at 50 mg/ml concentration by using disc diffusion method against *Klebsiella aerogenes, Proteus vulgaris, Escherichia coli, Pseudomonas aeruginosa and Staphylococcus aureus* some pathogenic bacteria. The results revealed that one or more plants that had more pronounced antibacterial activity against *K. aerogenes, P. Vulgaris and S. aureus.* The phytochemical screening was performed with the extract and the result

AMUDHAKALASAM SIDDHA LITERARY RESEARCH CENTRE

proved the therapeutic potency of medicinal plants. Thus, there is now preliminary scientific validation for the popular use of tribal some of the plants reported to have antibacterial activity.

OPIVC-4

சித்த மருத்துவம் ஒரு விஞ்ஞான முறையாகும்

சேதுராமன், ஆரம்ப சுகாதார நிலையம்,
பூந்தோட்டம், திருவாரூர் மாவட்டம்.

நம் நாட்டு பண்டைய மரபு கலைகளில் சித்த மருத்துவம் ஒன்றாகும். சித்த மருத்துவம் சாதாரண மூலிகை கடை சரக்கு என்று எண்ணி பழங்கால நாட்டு வைத்திய முறை என்று பரவலாக பேசப்பட்ட கருத்து.

சித்த மருத்துவம் ஒரு விஞ்ஞான முறையாகும். அதன் ஆய்வின் பங்கை கீழ் காண்போம்.

இம் மருத்துவத்தில் எந்த பின் விளைவுகளின்றி பிணிகளை தீர்ப்பதுடன் மீண்டும் வராது, தடுத்து உடலை உய்வித்து உள்ளத்துக்கும் இதமளித்து இசைபட வாழ்வாங்கு வகை அமைத்து தரும் அற்புத கலை. இதனுடைய ஆதார அடிப்படை தத்துவமே பஞ்ச பூத உணவே மருந்து, மருந்தே உணவு எனும் தத்துவமாய் மணி மந்திர அவுடதமாய் பிரணவித்தது.

OPIVC-5

USAGE OF MEDICINAL PLANTS AMONG THE TRIBALS AT JAUADHU HILLS OF TAMIL NADU

P. SUMATHI AND R. SEETHARAMAN
Regional Research Station, Paiyur.

Different parts of the plants are used in Homeopathy medicine. In the case of small herbs and bushes, the whole plant is generally used along with the leaves, stems, roots and flowers. Different parts of big trees like flowers, fruits, seeds, bark (pith) and leaves are used in medicine. These plants are available from forests, fields, road sides and mountain regions. Homeopathy medicines are mostly available in the form of juice, tablets and powder.

AMUDHAKALASAM SIDDHA LITERARY RESEARCH CENTRE

The study was conducted at Melpattu Village of Jauadhu Hills in Tamil Nadu. The study revealed that Majority of the tribals (67%) used the different types of medicinal plants for treatment of health care such as *Adhatoda vasica* - treatment of cough, asthma, bleeding piles, *Aegle Marmelos* - diarrhoea, *Allium sativum* - useful in gas formation, painful menstruation, pain in abdomen, *Aloe barbadensis* - (external) - burns and sprains and also for Jaundice, *Asparagus racemosus* - promotes lactation for mother, *Aazadirachta Indica*, *Eclipta Alba* - skin diseases, *Mesua ferrea* - scabies, *Nardostachys jatamansi* - headaches, *Ocimum sanctum* - cough, cold for children, *Picrorhiza kurroa* - Jaundice, *Punica granatum* - diarrhoea, *Ricinus communis* - Joint pains, *Santalum album* - burning urination, *Solanum xanthocarpum* - cough, *Terminalia chebula* and *Terminalia arjuna* - treatment of swollen mouth, tongue and gum, *Bergnia ligulata* - pain in the back, *Boerhaavia diffeus* - Jaundice, *Centella Asiatica* - convulsive disorders, *Citrus limonum* - promotes digestion, *Cuminum Cyminum* - diarrhoea, *Curcuma longa* - scabies, itches, *Cynodon dactylon* - it stops bleeding, *Embelia ribes* - intestinal worms, *Emblica Officinalis and Piper Longum* - resistance to cough, cold, *Ficus Bengalensis* and *Ficus racemosa* - diseases of gums and teeth, *Cyperus rotundus* - pain in the abdomen.

OPTVC-6

ALL THE BIOCENSOR MAP THE FUTURE OF BIOMEDICAL AND ALLIED SCIENCE?

***SUNDARAM S, VINOD, R. **GEETHA, MR. PRABHU**

*P. Jayam College of Engineering And Technology, Dharmapuri.

**G.K. Siddha Herbal Research Center, Chennai - 11.

Biosensor is an Analytical devices incorporating a biological material or a biomimic (e.g. tissue, microorganisms, organelles, cell receptors, enzymes, antibodies, nucleic acids etc.), intimately associated with or integrated within a physiochemical transducer or transducing micro system, which may be Optical, Electrochemical, Thermometric, Piezoelectric or Magnetic.

A biosensor consists of two primary components: a bioreceptor and a transducer.

AMUDHAKALASAM SIDDHA LITERARY RESEARCH CENTRE

Bioreceptors

The bioreceptor is a biomolecule that recognizes the target analyte. Bioreceptors are typically enzymes or binding proteins, such as antibodies, immobilized onto the surface of physiochemical transducer. In principle, any biomolecule or molecular assembly that has the capability of recognizing the analyte can be used as bioreceptor.

Transducers

The transducer converts the recognition event into a measurable signal. The transducer can take many forms depending upon the parameters being measured - electrochemical, optical, mass and thermal changes are the most common. The signal produced by a transducer after a change is measured may or may not need to be converted to an electrical signal, depending on the type and application of the biosensor.

OPIVC-7

IN VITRO ANTIPLASMODIAL ACTIVITY OF *VITEX NEGUNDO* LINN.

S. SIVALOKANATHAN M. ILAYARAJA M.P. BALASUBRAMANIAN.
Department of Pharmacology & Environmental Toxicology
Dr. A. L.M. P.G. Institute of Basic Medical Sciences
Univeristy of Madras
Taramani Campus, Chennai

A major problem in the tropical region is the resistance to antimalarial drugs, especially to chloroquine and unavailability of vaccine for *Plasmodium falciparum.* So that each year this disease infects about half a billion people with about 2.3 million deaths. The need for an alternative drug initiated intensive efforts for developing new antimalarials from indigenous plants. In the present study different extract of leaves of *Vitex negundo* (Family: Verbenaceae) were tested against *Plasmodium falciparum* in the concentration of 500mg, 125mg, and 62.5 mg per ml for drug sensitivity In vitro along with chloroquine. Results will be discussed.

AMUDHAKALASAM SIDDHA LITERARY RESEARCH CENTRE

GEOGRAPHICAL AND SEASONAL VARIATION IN *PHYLLANTHUS AMARUS* VERSUS ITS CLINICAL EFFICACY

SRIPATHI. M.S,, THYAGARAJAN. S.P
Department of Microbiology. Dr. ALM PGIBMS, University of Madras. Taramani, Chennai-600113.

Phyllanthus amarus Thonn (Euphorbiaceae). an Indian Medicinal plant is traditionally used for Jaundice and Liver disorders (Thyagarajan el al.. 1982). The effect of treatment for Hepatitis B has been reported earlier (Thyagarajan el al.. 1990). In this study, a seasonal & geographical variation in *Phyllanthus amarus* versus its bio-efficacy was evaluated. By using HBs Ag binding assay HBV DNA polymerase inhibition assay, a biotyped variety of *Phyllanthus amarus* was identified. Seeds reared from this variety has been cultivated in soil pretested favours in Wandavasi and Bangalore.

First and second crop harvested in April 2000 and November 2000 were reanalysed and showed reproducibility of anti-viral potentials. Based on the above observations the plant preparation from the biotyped variety was taken for the open clinical trial against Hepatitis B virus. The clinical trial showed promising results and the details would be presented.

AMUDHAKALASAM SIDDHA LITERARY RESEARCH CENTRE

OPVA-1

CHARACTERIZATION OF RAUPYA BHASMA BY USING MODERN ANALYTICAL TECHNIQUES

***MRUDULA KULKARNI *G.T. PANSE **B.A. KULKARNI **YOGESH BENDALE**
* Organic Chemistry Technology Division, National Chemical Laboratory, Pune-8.
** Ayurved Rasayani, Hingane Khurda, Sinhagad Road, Pune-411 051.

Ayurvedic drugs are broadly classifed into three main catagories as (a) drugs of plant origin (b) drugs of animal origin and (d) drugs of mineral origin. Out of these, drugs of plant origin, popularly known as 'herbal medicines' are receiving top popularity not only in India but all over the world. The drugs of mineral origin still remain as traditional drugs which are mostly used in India. These are manufactured by many Ayurvedic Pharmacies for commercial purpose which are sold as traditional drugs without any standardization.

Ayurvedic *bhasmas* constitute an important class of drugs of mineral and animal origin. Among these, *bhasmas* prepared from mercury, gold, silver, iron, copper, lead, tin and zinc are of special interest. These metals are called as 'lohas' and according to Ayurvedic principals, they bear some fundamental relationship with human body as expressed in the maxim *"Yatha lohe tatha dehe"*. Therefore, bhasmas prepared from these metals occupy top most position in Ayurved rasashastra and miraculous medicinal properties are ascribed to these bhasmas. In fact, bhasma therapy, if understood correctly is claimed to be superior to all other therapies. But, currently, the art and science of synthesis and characterization of *genuine bhasmas* is missing and their extraordinary properties posses neither experimental proof nor enough clinical support. No doubt, there are still few Ayurvedic authorities who synthesize genuine bhasmas for their personal use and treat successfully with full confidence many challenging cases by using these genuine preparations.

On this background, we have undertaken an ambitious interdisciplinary research project on synthesis, characterization and biomedical investigations of this class of bhasmas using modern scientific approach. This communication reports our recent work on *'Raupya bhasma'* as a model of our Research Methodology in this exciting and promising field.

AMUDHAKALASAM SIDDHA LITERARY RESEARCH CENTRE

OPVA-2

STANDARDISATION OF *PREMNA TOMENTOSA* WILLD.

SASIKALA E. SARADHA VASANTH SUKUMAR S.S. SIVAPRAKASAM K.
Central Research Institute for Siddha,
Arumbakkam, Chennai - 600 106.

Premna tomentosa Willd. of the Verbenaceae is used only in Siddha system of medicine and known as Pidangunari or Krishnapalai in Tamil. The leaves are recommended for indigestion, hypoacidity, oedema, joint pain, liver & spleen enlargement. It enters into the preparation of Pidangunari kudineer, a decoction prescribed for liver & spleen disorders.

Standardisation of leaves has been undertaken with respect to pharmacognostical and analytical aspects. Phytochemical marker has been identified and chromatographic profile of the leaf extract was developed using this marker.

OPVA-3

BOTANICAL STANDARDIZATION OF MEDICINAL BARK OF ISM FORMULATIONS : *THESPESIA POPULNEA* (L.) SOLAND. EX CORREA

J. ASOKAN* GOWHER SULTANA
Regional Research Institute of Unani Medicine
(Central Council for Research In Unani Medicine)
No.1, West Mada Church Road, Royapuram, Chennai - 13.

Bark in its broader perspective exemplifies unison of many structurally, functionally and onto genetically divergent tissues. The bark tissues not only function as a passive conduit for the photosynthates from the source to the sink (Canny, 1973), but also serve as a potential subsidiary assimilating unit. A part of the bark tissues, after rendered non-conductive of metabolites, serve as storehouse of many ergastic substances and pharmaceutically active compounds. Gross anatomy and microscopic features of the bark are of considerable diagnostic value in identification of standing trees, logs and fragmentary bark samples (Beard, 1944). It appears paradoxical to note that, albeit well-established utility of the barks in several spheres, the studies on bark lag far behind those on woods.

Thespesia populnea of the Family Malvaceae is a popular tree flourishing well in

AMUDHAKALASAM SIDDHA LITERARY RESEARCH CENTRE

tropical milieu. Its trunk bark contains appreciable quantum of tannin and a fine red matter is astringent and used in cases of diarrhoea. It is a highly valued drug in the ISM formulations.

An inquiry into the literature on the microscopic parameters of bark in general, and the bark of *Thespesia populnea* in particular are fragmentary. A few publications on the histology of the barks suffer from outdated terminology and misleading concepts.

The present paper aims at two dimensions of studies on the bark of *Thespesia populnea*. It provides a comprehensive account of origin, activity and tissue composition of the outer **bark**, the **periderm**, and the structural spectrum of the **inner bark**, the **secondary phloem**. The paper advocates application of new and widely accepted terminology on the basis of new concepts. The study contributes to the development of a protocol of micro morphological parameters to the diagnosis of the trunk bark of *Thespesia populnea*. To epitomize the findings.:-

- First phellogen subepidermal in origin, discontinuous in circumference and prolonged in functioning.
- Surface of the bark Lenticellate when young deeply fissured when old.
- First superficial periderm replaced by successive zones of rhytidome of wavy contour.
- Tangential blocks of libriform fibers in the collapsed secondary phloem.
- Multiseriate wide phloem rays with large mucilage canals and abundant calcium oxalate druses.
- Storied organization of Sieve tube members and axial parenchyma.
- Spindle shaped large p-protein bodies in the sieve tubes.

AMUDHAKALASAM SIDDHA LITERARY RESEARCH CENTRE

STANDARDISATION OF HERBAL DRUGS USED IN THE INDIAN SYSTEM OF MEDICINE

G.V.R. JOSEPH P.K.N. NAMBOODIRI
Central Research Institute (Ay.), Cheruthuruthy, Kerala, INDIA - 679 531.

According to the World Health Organization report around 80% of world's population still relies on Herbal medicines. However, due to non-availability or scarce supply of some genuine important crude drugs, substitutes or adulterants with a similar appearance have entered the market. "Bala" is one of such example. "Bala" is a very important Ayurvedic medicinal plant. The plant is being used in the treatment of Colic, Cystitis and diseases of Bile and Blood. "Bala" enters into the composition of several Ayurvedic preparations that includes the famous medicine "Ksirabala" used in the treatment of Rheumatism, Neurological disorders etc., Other major Ayurvedic preparations like Bala taila, Balaarishta and Balaaswagandha lakshadi taila. As per the standard literature, *Sida cordifolia* Linn is considered as "Bala". However in India almost 9 botanical sources are being used under the name of "Bala". Microscopic studies on *Sida species* revealed that the arrangement of perforation plates and the secondary wall thickenings of vessel elements, cell contents and organo-leptic characters of *S. cordifolia* have some distinguish characters and with these characters some of the *Sida* samples are accurately identified. From the present study it is clear that by using simple microscopic techniques authentication of crude drugs can be studied. Present observations are well supported with proper Photomicrographs / Line drawings.

OPVA-5

DIARUN PLUS - A HERBAL FOOD SUPPLEMENT FOR DIABETES MELLITUS

G. SENTHILVEL M. JAGATHEESAN* E. MAYISVREN
- Rohini Holistic Health Centre, Chennai - 50.
* Dept. of Siddha Medicine, Tamil University, Thanjavur.

Diabetes Mellitus - a well known worldwide disease is increasing everyday. The status of modern medicine in controlling Blood Sugar level lacks many aspects. Though Blood Sugar levels are maintained, complications may not be avoided and also sense of well

AMUDHAKALASAM SIDDHA LITERARY RESEARCH CENTRE

being is not achieved fully. The authors attempted to establish if Diarun Plus - a Polyherbal formulation could complement modern medicines in IDDM and NIDDM. An encouraging result was inferred. The result and outcome of the study is fully discussed in the paper.

OPVA-6

MANAGEMENT OF EFFICACY AND DRUG SAFETY

L. SIVAKUMAR, M. SENTHILKUMAR
R & D Laboratory, SKM Siddha Pharmaceuticals, Erode.
Email : production@skmsiddha.org.

1. To screen the Physical, Chemical and Biological Hazards affecting crude durgs.
2. Standardization of Raw Material, Intermediate Product and Finished Product.
3. Standardization of Tablets, Legiyam and Chooranam with the Microbial part concerned and to Nullify fungal contamination as well as Bacterial contamination.

a) Good Harvesting Practices / Good Agriculture Practices (GA)
b) Good Storage Practice (GSP)
c) Good Manufacturing Practices (GMP)
d) Good Laboratory Practices (GLP)

1. WHO guidelines for medicinal plant materials (WHO guidelines)
2. Association of Official Analytical Chemicals (AOAC)
3. Officials Analytical Methods of Spices Board (OAMSB)
4. Bureau of Indian Standard (BIS)
5. Herbal Pharmacopoeia - IDMA.
6. SOP based on In-house standards.
7. Asta Specification Approved by FDA.
8. Hazard Analysis and Critical Control Program (HACCP)

The GAP, GMP and GLP are the key factors in manufacturing not only quality Siddha products but also any traditional medicinal products. The adoption of above factors by a Pharmaceutical industry ensures the EFFICACY and DRUG SAFETY of its products. Since

AMUDHAKALASAM SIDDHA LITERARY RESEARCH CENTRE

there is a world wide opportunity for concept of promoting our Legiyams, Chooranams and Tablets as **health foods** in the field of nutraceuticals, it is mandatory to implement the quality procedure and audit systems in all multidisciplinary sciences related to the Pharmaceutical industry.

OPVA-7

STUDIES ON THE MARKET SAMPLES OF AGARU

A. SARASWATHY

Captain Srinivasa Murti Drug Research Institute for Ayurveda (CCRAS), Chennai-600 106.

'Agaru' is botanically equated as ***Aquilaria agallocha*** Roxb. Syn. *A. Malaccenisis* Lamk. (Thymelaceceae). In Siddha system it is known as Agilchandanam. The stem wood of the source taxon forms the drug in ISM.

Agaru wood is considered as stimulant, antiasthmatic, carminative, tonic, aphrodisiac and astringent. It is used in diarrhoea, dysentery, gout, rheumatism, paralysis and as a liniment in various skin diseases. It is also an antidote to snakebite, insect repellent, used by traditional vaidyas as contraceptive. In Ayurvedic preparations like Prameha Mihir Taila, Rasanadi Curna, Khadiradi Gutika and Siddha preparations such as Ilaku Candanadi Taila, Cintil Ney, Cukku Tailam and Maha Eladi Gulika, agaru is used as one of the ingredients.

Agaru is the pathological product of fungal diseases infects the tree chiefly through wounds on the trunk. *Aspergillus, Fusarium, Penicillium* and some fungi imperfectile are reported to be associated with the development of agaru.

Grade I - Black or true agaru - highest oil content

Grade II - Bantang

Grade III - Bhuta

Grade IV - Dhun

Heartwood is reported to contain 1, 7-oxo aporphine, liriodenine, 2 sesquiterpenes gmelofuran and agarol.

Agaru wood on distillation yield an essential oil known as Agar oil. The yield 0.12 -

AMUDHAKALASAM SIDDHA LITERARY RESEARCH CENTRE

3.46% depends upon the age and colour of the wood. Agar oil is one of the highly prized essential oil with large export potential, quality of which depends on nature of the base wood. Therefore it is essential to detect and use genuine drugs.

In order to decide the authenticity a market survey was conducted, eight samples (I - VIII) sold under the name "Agaru" in Chennai raw drug market were procured and analysed chemically and pharmacognostically. Among the samples studied only Sample III confirmed the chemical and botanical features of the authentic drug. *Aquilaria agallocha* such as black colour, fibrous fracture and aromatic odour coupled with microscopic features such as simple pitted vessels and presence of two types of rays and fibres thick walled with narrow lumen. Added to this the drug answered positively for alkaloids. HPTLC fingerprint of this drug was also very characteristic.

Besides macroscopic and microscopic features physico chemical constants such as Ash, Acid - insoluble ash, Water-soluble ash, Solubility in alcohol and water and extractive values were worked out.

Qualitative tests for the presence of secondary metabolites with various extracts were carried out. Fluorescene analysis and HPTLC fingerprints of market samples were done and results will be presented and scientific parameters to the authentic source will be evolved from such studies, thus contributing to the standardization of market drugs.

OPVB-1

TWO-WAY SYSTEM OF UTILIZATION OF PINEAPPLE WASTE IS EASY TO DECREASE THE PROTEIN INSUFFICIENCY. WILL IT POSSIBLE ?

***DHANASEKARAN.D **PANNEERSELVAM. A ***PRABHU. P**
*Adhiparasakthi College of Science, Kalavai.
**Sri Poondy Pushpum College, Thanjavur.
***G.K. Siddha Herbal Research Centre, Chennai - 11.

Protein malnutrition or undernutrition or both is a major problem in India. Almost 95% of the newborn are having protein deficiency. But, How can it be rectified ? Is there any possibility to nullify protein deficiency?

AMUDHAKALASAM SIDDHA LITERARY RESEARCH CENTRE

Why most of the agro products are thrown away or decompose randomly?

Why we have not derived the protein from that waste?

Pineapple *(Ananas comosus)* family Bromeliaceae is one of the major fruit crop in India. After consuming the fruit, the fruit waste is decomposing and utilized as manure.

In this research article, we derived the protein from the waste by using edible yeast and then the debris would be used for agricultural purpose. By this way we find out the alternative for the protein deficiency as well as for the agricultural needs. We observed the fruitful result.

OPVB-2

POLAROGRAPHIC DETERMINATION OF PHYTOCHEMICALS ISOLATED FROM TRADITIONAL MEDICINE FOR JAUNDICE

R. VENKATARAMAN, S. GOPALAKRISHNAN* AND G. DEVARAJAN
Department of Chemistry, Sri Paramakalyani College, Alwarkurichi - 627 412
*Department of Chemistry, Manonmaniam Sundaranar University, Tirunelveli - 627 012.

Jaundice is a perennial public health problem in every region of the globe. Modern allopathic medicine never cures jaundice completely instead reduces the viral load partially. Traditional system of medicine such as Siddha, Ayurveda, Unani etc. cures jaundice permanently without side-effects. *Trianthema decandra* Linn. (Fam. Ficoidaceae) called 'Vellaisharunnai' in Tamil, *Aporosa lindleyana* Bail (Fam. Euphorbiaceae) called 'Vittil' in Tamil and *Ecbolium linneanum* Kurz (Fam. Acanthaceae) called 'Nilambari' in Tamil are traditionally used in jaundice. When these plants were extracted and chromatographed over silica gel yielded b-sitosterol. This is the first report of b- sitosterol from these plants. No systematic polarographic study has been exercised on b-sitosterol isolated from these plants traditionally used for jaundice. Present investigation deals with a systematic polarographic determination on b-sitosterol. The polarographic data can be used to characterise b-sitosterol which is a common phytochemical constituent available in the plant system.

AMUDHAKALASAM SIDDHA LITERARY RESEARCH CENTRE

OPVB-3

STANDARDISATION OF TALEESADI CHOORNAM

***M. RADHIKA **P. BRINDHA**
*A.A.G.H.I.M. Chennai - 106.
**C.S.M.R.D.A. Chennai - 106.

With the growing popularity of Herbal Medicine especially Ayurveda and Siddha in the international scenario, it is becoming more and more important or rather essential that uniformity of these products are maintained. Hence standardisation becomes the need of the hour. We have taken up one of the commonly used Ayurvedic preparations "Taleesadi Choornam" for standardisation. This is one of the preparation which has several therapeutic uses and finds a place in the prescriptions of practitioners from all schools of thoughts.

This paper is an attempt to standardize two market samples of "Taleesadi Choornam". The thrust would be to find out which species of "Taleesapatram" and "Elam" are used in the preparation and to access and discuss their efficacy therapeutically.

OPVB-4

SCIENTIFIC EVALUATION OF ASAROON *(VALERIANA WALLICHI)*

V. HABIBULLAH
Govt. Unani Medical Colege, Chennai - 116.

Asaroon/Tagar is one of the most potent herb used in Unani as well as other Indian systems of medicine. Though it has been used for the past many centuries no standardisation has so far been reported. Hence a detailed study was done including thorough study of literature. The macroscopic studies, physico-chemical analysis was done by using modern analytical instruments and routine study as per the protocol of CCIM on standardisation of single drug. For the first time GLC and HPLC was used in this analysis. The market sample were obtained from all parts of India. All the samples were studied and arrived to a conclusion that the drug available in market is *Valeriana wallichi*. The details of the study will be discussed in full paper. This study may be utilised to analyse the quality of ASAROON *(Valeriana wallichi).*

AMUDHAKALASAM SIDDHA LITERARY RESEARCH CENTRE

OPVB-5

A PRELIMINARY STEP IN STANDARDISATION OF SULPHUR USED IN SIDDHA DRUG PREPARATIONS

P. VENKATESWARAN, K.V. VAIDHEESWARAN,
P.G. Department of Gunapadam,
Govt. Siddha Medical College, Arumbakkam, Chennai- 106.

'Gandhagam' which is refered to as Sulphur, is an excellent drug of choice in skin diseases & other infectious diseases. It has been mentioned extensively in classical Literatures of Siddha, which is considered to be equal to that of Goddess 'SAKTHI'.

As it has been in extensive usage in Siddha products, there is an essential need of standardisation (raw form and as well as its purified form). The purification must be done as per Siddha texts. A single method of purification of Gandhagam was selected from literatures and tried to standardise it.

For standardisation, apart from all the routine procedures,

Quantitative analysis of Sulphur

a) Before Purification

b) After Purification.

X - ray diffraction study

a) X-ray diffraction peaks of raw Sulphur

b) X-ray diffraction peaks of purified Sulphur

were taken as the preliminary step involved in it.

The changes by means of physical manner are noted. The diffraction peaks of various stages of Sulphur are compared [between the raw form and the purified form.].

Standard JCPDS International Diffraction Data - for Orthorhombic Sulphur

of Peak Value 100 is	:-	3.854
Diffraction Points for		
*Raw Sulphur at maximum peak value 100	:-	3.84288
*Purified Sulphur at maximum peak value 100	:-	3.84571

AMUDHAKALASAM SIDDHA LITERARY RESEARCH CENTRE

The difference between two peak values :- 0.00283

The peak value of purified form can be taken as the standard.

As the standard peak of purified sulphur is fixed, we can able to analyse the purity level of Sulphur used in various medicinal preparations. It can be taken as one of the standardisation techniques so that problems arising out of adulteration and purity can be resolved.

OPVB-6

CULTIVATION PRACTISES OF *INDIGOFERA TINCTORIA* LINN (AVURI) BY NOVEL METHODS (BY USING ORGANIC FERTILIZERS)

SANJEEVI RAMASAMY S. THIRUNAVUKKARASU

Why Herbal farming? India is endowed with rich flora of Medicinal Plants. On Indian Medicine records the use of 340 drugs of vegetable origin are incorporated. At present more than 700 Medicinal Plants are commonly used in ISM & Allopathy.

Due to revival of ISM there is a sudden spurt in the number of Pharmaceutical companies in India and abroad. In western countries the demand for Medicinal Plants, plant based raw drugs and their products have grown between 7% to 30%. China and Korea had captured the global market for herbal products, as they are maintaining the quality of raw material and the finished products at international standards.

At present the raw drug demand for the domestic consumption and for the international market are met from resources in forest to the extent 75% and from organized cultivation of about 25%. A conservative estimated value of export of herbal products and medicine to the tune of Rs. 450 to Rs. 500 crores per year and world trade to meet 80 Billion US$.

In view of the above said points, we better join for herbal farming instead of traditional farming, because of the exorbitant cost, the overhead is more and the yield is not upto the mark in the traditional farming.

The author is explaining in detail the selection of soil, land preparation, Quality of seeds,

AMUDHAKALASAM SIDDHA LITERARY RESEARCH CENTRE

deweeding, plant protection, harvesting, with special reference to use the organic fertilizers. The common difficulties faced in cultivation and improved newer techniques are applied to overcome it.

OPVB-7

STANDARDISATION OF UNANI COMPOUND DRUGS WITH REFERENCE TO LAOOQ-E-SHAMOON

RAMPRATAP MEENA A. RAMASAMY AND GOWHER SULTANA
Regional Research Institute of Unani Medicine
No. 1, West Mada Church Road, Royapuram, Chennai - 600 013.

In the recent past, the Traditional medicine is acquiring momentum in the Health - care of ailing mass. Unani system of Medicine, which is one of the Traditional system medicines being widely used in India and in other parts of the world. In order to make this system of Medicine more acceptable by the modern scientific world, standardisation of Unani drugs are being taken up, which plays an important role to assess the quality of the medicine. In turn helps provide quality medince for the needy.

For the Evaluation of standards several parameters have been followed such as Determination of solubility, Ash values, pH and Sugar contents. Certain parameters like alkaloid, Tannins, Resin and Crude Fibre also been estimated.

The Unani compound formulation, Laooq-e-Shamoon which is being used for the treatment of Catarrh and Coryza is exemplified for standardisation of unani compound drugs.

AMUDHAKALASAM SIDDHA LITERARY RESEARCH CENTRE

OPVC-1

ROLE OF INFORMATION TECHNOLOGY IN DOCUMENTATION, NETWORKING AND RESEARCH IN ISM

ANOOP AUSTIN
Herbal Cure Remedies,
31, Perumal puram, Tirunelveli - 627 007.

Literature survey, Collection of datas, review article are the prime steps in research. Previously it was time consuming as well as costly affair on collection of datas. Since the advent of Internet has narrowed down the world and literature survey, Journal references and review are made easy and faster at our door steps. This paper deals about the useful websites and their contents to enhance faster and quicker search on herbal durgs and publications over the world.

OPVC-2

COMMON CONCEPT IN PULSE

RADHAKRISHNAN
Plot No. 699, New NO. 29, 101, Street, 15th Sector, K.K. Nagar, Chennai - 78.

Reading of pulse is not so simple in Siddha Science as it is based on the tridosha theory, interling the universe and the human body with 96 thathuvas. Further more imporatnce is given to the act of breathing through which Prana the Vital force of energy impulse through the brain and nervous system, and sustain the human body which is intertvined with tridosha and aids to maintain the metabolism and Life. Thus in Siddha Science Pulse does not denote the mere flow of blood and is considered as the Psychophysiology of an individual, and a flow of consciousness and cellular intelligence, which can be perceived by the faculty of mind. Hence Siddha physicians should be bestowed with the art of control over the sense organs, meditation and the concentration of mind.

At present it is not possible for any Siddha physician to go on meditiation and that is enough if they were to understand the force of tridosha involved in the blood flow by means of some of the simple ways such as comparing to the movements of the animals as stated by Siddhars, and that the Tirumular's concepts is the best and apt to adopt. He compares the

AMUDHAKALASAM SIDDHA LITERARY RESEARCH CENTRE

force of Vatha, Pitha and Kapa to the movements of the hen, frog, and snake respectively, Further he empahsize as follows :

Mya Leari - balaththathu - Vahtam (மேலேறி பலத்தது வாதம்)

Amarnthathu Pitham (அமர்ந்தது பித்தம்)

Purandadhu Iyam (புறண்டது ஐயம்)

One that climb up with heavy force is vatha - Up force, one that set down is pitham - Down force, one that crawls is Iyam - Bilateral force . Thus in the pulse wave there are only three kinds of forces namley, up force, Down force and bilateral force, which only indicate the forces of Vatha, Pitham and Kapa respectively. This is the common concept in pulse.

OPVC-3

சித்த மருத்துவ குணபாட பாடல்களில் மறை பொருட்கள்

ந. வேங்கடப்பன் க. மல்லிகா

அரசினர் சித்தமருத்துவக் கல்லூரி, பாளையங்கோட்டை.

சித்த மருத்துவத்தின் அனைத்து உண்மைகளும் இலக்கிய நயமும் பொருட்சுவையும் செறிந்த பாடல்களில் இயம்பப்பட்டுள்ளன. அடிப்படை தத்துவங்கள் முதல் மருத்துவ முறைகள் வரை அனைத்தும் மூல நூல்களில் செய்யுள் வடிவில் தான் உள்ளன. இவ்வாறான மூலநூல்களுக்கு வெளிவரும் உரைநூல்களில், பாடல்களுக்கு மிக நேரான உரைகள் எழுத நேரிடுவதால், மூலநூல் செய்யுள்களில் மிக நுட்பமாக மறைத்து வைக்கப்பட்டுள்ள உண்மைகள் எழுதப்படுவதில்லை. உதாரணமாக குணபாட நூல்களில் பொது குணம் பற்றிய பாடல்களிலேயே மருந்துகளின் செறிவு, சிறப்பு, மருந்துகள் எந்த அளவில் பயன்படுத்த வேண்டும், எவ்வளவு எச்சரிக்கையாக பயன்படுத்த வேண்டும் ஆகிய கருத்துகள் மறை பொருட்களாக வைக்கப்பட்டுள்ளன. மூல நூல் பாடல்களை விடுத்து உரைகள் மட்டுமே பயில விரும்பும் மாணவர்கள் இதுபோன்ற நுட்பமான உண்மைகளை இழக்க நேரிடுகிறது. இந்நிகழ்வை தக்க உதராணங்களுடன் விளக்கி, மூல நூல் பாடல்களை நேரடியாக பயிலும்படி இக்கட்டுரை வேண்டுகோள் விடுக்கிறது.

AMUDHAKALASAM SIDDHA LITERARY RESEARCH CENTRE

OPVC-4

ANTI BACTERIAL SENSITIVITY OF *MORINGA CONCANENSIS* NIMMO EX DAIZELL & A. GIBSON (MORINGACEAE)

***R.RAJKUMAR *R. SUBBULAKSHMI **E. NATARAJAN **T. FRANCIS XAVIER.**
* Dr. Kannan Memorial Siddha Hospital and Research Centre,
8-D, Ramarayar Street, Thennur, Trichirapalli-620017.
**Department of Plant Biology and Biotechnology, St. Joseph's college
(Autunomous), Trichy-620002. S.India.

In Many parts of the world there is a rich tradition in the use of herbal medicine for the treatment of many infectious diseases. Because of the side effect and the resistance that pathogenic microorganisms build against the antibiotics, much recent attention has been paid to extracts and biologically active compounds isolated from plant species used in herbal medicine. Plants may offer a new source of antibacterial agents for use. In many parts of the world medicinal plants are used for antibacterial and antifungal activities. In India, medicinal plants and their products are used to control diverse diseases such as catarrh, bronchitis, pnemonia, ulcers and diarrhoea. Hence, it is necessary to establish the scientific basis for therapeutic actions of traditional plant medicines as these may serve as the source for the development of more effective drugs. *Moringa concanensis* Nimmo ex Dalzell & *A. Gibson* are highly valued medicinal plants belonging to the family Moringaceae, which has been used as a traditional medicine in India for number of ailments. It has been extensively used against diarrhoea, fever, cough, asthma and pectoral diseases. To validate this observation, the current study was carried out to determine the antibacterial activities of the same.

OPVC-5

A MINERALOGICAL STUDY ON POONEERU

***C. ELEZA **G.V. RAJA MANIKAM ***N. CHANDRA SEKAR.**
*Government Siddha Medical College, Palayamkottai, Tirunelveli - 627 002.
**Department of Earth Sciences, Tamil University, Thanjavur - 613 005.
***Chemistry and Marine Geo Chemistry Research Laboratory, SPIC Research Centreï
V.O. Chidambaram College, Tuticorin - 628 008.

Pooneeru is one of the Natural Acidic and Alkaline salt used in Siddha Medicine. It played an important role in Siddha Medicine. When Pooneeru is added up to any medicine, it

AMUDHAKALASAM SIDDHA LITERARY RESEARCH CENTRE

found that the medicine reacts quickly and speeds up the cure. In Siddha Medicine, Muppu is considered to be the crown of the medicine. For preparing this Muppu, the ashing of Pooneeru forms the base. Considering the importance of Pooneeru in traditional Siddha System of medicine for the first time in India, the present study on Pooneeru has been chosen for research to find out the nature of components used and chemical value of the same.

OPVC-6

ATHITHOOLA ROGAM (OBESITY) & ITS MANAGEMENT THROUGH NATURAL PRODUCTS

S. JEGA JOTHI PANDIAN *S. RAMALESHMYAMMAL
K. MEENAKSHI SUNDARAMOORTHY K. SIVAPRAKASAM
CRIS, Arumbakkam, Chennai - 106
* Govt. Siddha Dispensary, Ambathur Ind. Estate, Chennai - 58

Athithoola Rogam (Obesity) is caused by consistent consumption of more calories than are required to meet energy expenditure. It is the main cause for the Coronary heart diseases since it increases the load on the heart, Nervous debility, Metabolic disorders, gall bladder diseases in females etc., over all in the universe. Diabetes of the middle-aged is strongly associated with obesity. Therapies used for increasing the weight are lighter/easier than those used for reduction of weight. Most of the people from the higher status of life suffer from a number of diseases and disabilities, due to obesity. Hence the effective therapeutics which were formed in the clinical trials with the natural products and its findings have been discussed elaborately in the paper.

OPVC-7

"எய்ட்ஸ்" - புதிய பெயரில் பழைய நோய்

M. Md. Sultan,
Govt. Hospital, Manapparai - 621 306.

"செத்தவர் தம்மை எழுப்பித் தருகின்ற, சித்தர் பிறந்த தமிழ்நாடு" என்று பாடிச் சென்றான் பாரதி. செத்தவரை எழுப்பமுடியுமா? நிச்சயமாக முடியாது. இதன் பொருளை ஆழ்ந்து கவனித்தால் உண்மைப் பொருள் விளங்கும். கொடிய நாட்பட்ட வியாதிகள், தீரவே தீராது என கைவிடப்பட்ட நோயாளிகள் இனி நமக்கு வாழ்வே கிடையாதா என எண்ணி மனதளவில் செத்தவர்கள் கூட சித்த மருத்துவம் மூலம் புத்துயிர் பெற்றுத் தர

AMUDHAKALASAM SIDDHA LITERARY RESEARCH CENTRE

முடியும் என்பதே இப்பாடலின் பொருள்.

சித்த மருத்துவம் என்பது இன்று நேற்று தோன்றியது அல்ல. சித்த மருத்துவத்தின் தொன்மையை எவராலும் வரையறுத்துக் கூற இயலாது. தமிழ் என்று தோன்றியதோ அன்றே தமிழ் மருத்துவமும் தோன்றியது.

"கல் தோன்றி மண் தோன்றாக் காலத்தே முன் தோன்றியது - தமிழ்" என்றால் தமிழ் மருத்துவமும் அப்போதே தோன்றியதுதான். இன்னும் சுருங்கக்கூறின் இந்த மண்ணில் புல், பூண்டு, இலை, தழை, செடி, கொடி, மரம் இவை எப்பொழுது தோன்றியதோ அன்றைக்கே சித்த மருத்துவமும் தோன்றி விட்டது என்று உறுதியாய் கூறலாம்.

OPVC-8

MANAGEMENT OF DIABETIC RETINOPATHY IN AYURVEDA WITH SPECIAL REFERENCE TO RETINAL HAEMORRHAGE

P.K. SANTHAKUMARI
Dept. of Salakyathanthra, Govt. Ayurveda College
Thiruvananthapuram, Kerala.

Among the various causes of blindness, diabetic retinopathy is second only to cataract. But if managed systematically on Ayurvedic basis, vision can be protected.

In the initial stage of retinopathy, kapha and pitta are the predominant doshas and are confined to Sirasrothas (Vessels of head region). In this stage visual symptom are mild,such as Photophobia, slight oedema, watering, giddiness etc., and are often left untreated. Later if there is further vitiation of pitta, especially by achakshushya factors it easily get confined to the Nethrasrothas, especially the retinal vessels. The ushna, theekshna, laghu, sara, drava properties of pitta are increased and confined to raktavahasrothas and manifests as haemorrhage. So a device, which is pittasamna, seetha, rakthasthmbhana, chakshushya and acts in the sirasrothas, should be beneficial in the treatment of Retinal haemorrhage. Sirodhara using ksheeram medicated with pittasamana, chakshushya drugs is selected as the treatment of choice. A clinical trial conducted in 30 patients having Retinal Haemorrhage has proved the result. Associated symptoms such as sleeplessness, burning sensation, mental tension etc., and also recurrence of haemorrhage are well controlled by sirodhara. It is seen that sirodhara is more beneficial than the ophthalmic medications in the management of Retinal Haemorrhage in Diabetic Retinopathy.

AMUDHAKALASAM SIDDHA LITERARY RESEARCH CENTRE

With the best compliments from :

A.T.S.V.S. SIDDHA MEDICAL COLLEGE & HOSPITAL

(Run by: Akila Thiruvithamcore Siddha Vaidya Sangam)
Munchirai, Pudukadai P.O . K.K. District
Pin: 629171. Ph: 04651 - 565355
Fax: 04651- 565351
(Recognised by the Govt of Tamil Nadu, Affiliated with the T.N. Dr. M.G.R. Medical University and Approved by the Central Council of Indian Medicine, New Delhi.)

Course Offered
B.S.M.S.

Dr. T. MOHANA RAJ
President

apex

25 YEARS

IN SERVICE OF HEALTH CARE

Pioneers in zinc based formulations

apex laboratories ltd,
38, C.P. Ramasamy Road,
Alwarpet, Chennai - 600 018.
Ph : 4998297 Fax : 4997254
www.apexlab.com

DNV UKAS 013 ISO 9001:2000 CERTIFIED

AMUDHAKALASAM SIDDHA LITERARY RESEARCH CENTRE

LAKSHMI SEVA SANGHAM

(Reg. No. S.25/1977)
Gandhigram - 624 302
Dindigul District

Silver Jubilee Year 2002-2003

Manufacturers of quality **Ayurvedic and Siddha** medicines, family kits of 10 items, home remedies, general health tonics, preventive medicines with a range of 250 products.

BEST SELLERS :-

1. **Aswagandhadi Lehyam -** For blood purification & nervousness
2. **Chyavanaprash Lehyam-**For cold, cough, and general tonic
3. **Thetrankottai Lehyam -** For Convalescents
4. **Karunai Lehyam -** For all sorts of piles
5. **Kooshmanda Lehyam -** For primary complex and ideal for children
6. **Ashta Choornam -** For indigestion, gas formation and stomach pain
7. **Taleesadi vatagam (Tab) -** For cold, cough, throat infection etc.
8. **Gulkhand -** Body coolant, and relieves constipation
9. **Kungumathi Lepam (Face Cream) -** Improves complexion, and removes pimples.

and also highly Nutritive beverage like Maha Shakthi Malt in natural Cardamom and Chocolate flavours & Shakthi Food (without sugar) and Curry Powders.

Our Siddha & Ayurvedha Pharmacy is certified with GMP (Good Manufacturing Practices) by Government of Tamilnadu

For further details/trade enquiries contact :

Secretary
Lakshmi Seva Sangham
Gandhigram - 624 302, Dindigul District
☎ 0451-452308 & 453347, E-mail : ggmtrust@sify.com

AMUDHAKALASAM SIDDHA LITERARY RESEARCH CENTRE

With Best compliments from

SARANATHAN COLLEGE OF ENGINEERING

TIRUCHIRAPALLI

Venkateswara Dikshithar
President

K. Santhanam
Secretary

Sri Thaila Silks®

FOR WEDDING SILK SAREES,
MILL AND FANCY SAREES

101, Big Bazaar, St. Trichy - 2.
Phone : 270 3442, 2702286

AMUDHAKALASAM SIDDHA LITERARY RESEARCH CENTRE

Sri Sai Ram Siddha Medical College B.S.M.S.
Sri Sai Ram Ayurvedha Medical College B.A.M.S.
Sri Sai Ram Homoeopathy Medical College B.H.M.S.
Tambaram West Chennai

Sri Sai Ram Engineering College
Tambaram West, Chennai
B.E. & B.Tech

Sri Sai Ram Polytechnic College
Tambaram West, Chennai
Diploma

Sri Sai Ram Institute of Computer Application
Tambaram West, Chennai
M.C.A.

Sri Sai Ram Institute of Management Studies
Tambaram West, Chennai
M.B.A

Sai Matriculation Higher Secondary School
madipakkam, Chennai
L.K.G. to + 2

Shirdi Sai Engineering College
Aneikal, Bangalore, Karnataka State
B.E.

Sri Sai Ram Hospital
Kakkan Street
Tambaram West, Chennai.

Sri Sai Ram Teacher Training Institute
Pondicherry, Pondicherry State
Diploma

Sri Sai Ram I.T.I.
Vedachandur
Dindigul (Dist)

Administrative Office :
'Sai Nivas'
No.103, Bazullah Road, T. Nagar, Chennai - 600 017.
Ph : (044) 28143787 / 28141872 / 28141201 Fax : 28140170
E-mail : sairam@srisairamengg.com Website : www.srisairamengg.com

MJF.Ln. Leo Muthu, Chairman

WE BUILD A BETTER NATION THROUGH QUALITY EDUCATION

AMUDHAKALASAM SIDDHA LITERARY RESEARCH CENTRE

Wish you the Function Every Success

GVN Hospital

Trichy.

SOLUMIKS

HERBACEUTICALS

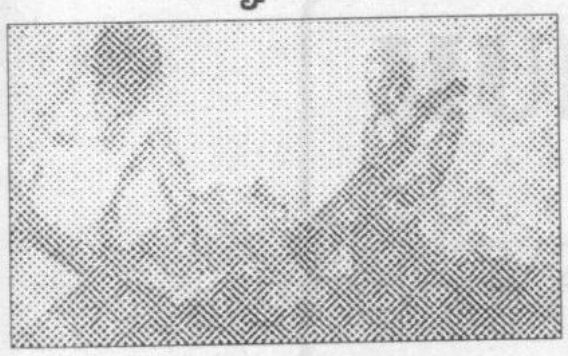
SOLUMIKS HERBACEUTICALS LIMITED

105 A + B + C, Trade Corner, 1st Floor,
Sakinaka Junction, Andheri (E), Mumbai - 400 072.
Tel : 859 4477 / 697 0966 / 690 6388 ● Fax : 691 9093
E-mail : solumiks@born7.vsnl.net.in
Website : www.solumiks.com

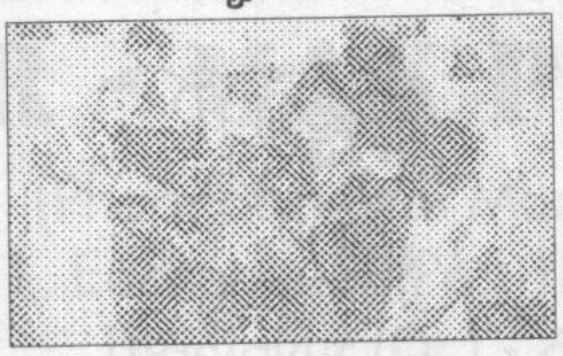
AMUDHAKALASAM SIDDHA LITERARY RESEARCH CENTRE

கேரள ஆயுர்வேத மசாஜ் மற்றும் வர்ம சிகிச்சை

உழிச்சல்



பிழிச்சல்



சிரோதாரா

சிறப்பு சிகிச்சைகள்

கழுத்து எலும்புத் தேய்வு	(Cervical Spondylosis)
தோள்பட்டை வலி	(Peri Arthritis)
இடுப்பு எலும்பு தேய்வு	(Lumbar Spondylosis)
தண்டுவட ஜவ்வு விலகுதல்	(Disc Prolapse)
கால்கள் மரத்தல் மற்றும் வலி	(Sciatica)
மூட்டுவலி மற்றும் முடக்குவாதம்	(Knee pain & Osteo Arthritis)
நரம்பு தளர்ச்சி மற்றும் பக்கவாதம்	(Nervous Debility & Hemiplezia)

போன்ற அனைத்து நோய்களுக்கும் அறுவை சிகிச்சை, வலி மாத்திரைகள், காலர்பெல்ட் போன்றவை இல்லாமல் மூலிகை தைலங்களை கொண்டு, வர்மா மற்றும் கேரள பாரம்பரிய ஆயுர்வேத மசாஜ் சிகிச்சை அளிக்கப்படுகிறது.

காயகல்ப சிறப்பு சிகிச்சை

அதிக உழைப்பு, சத்து குறைவு, மன அழுத்தம், சுற்றுப்புற சூழல் இளைகளால் ஏற்படுகின்ற உடல் பலகீனம், அசதி மற்றும் வலி, தூக்கமின்மை, முகச்சோர்வு, ஜீரண சக்தி குறைவு இவைகளை நீக்க பாரம்பரிய மூலிகை தைலங்களை கொண்டு, காயகல்ப மசாஜ் சிகிச்சை அளிக்கப்படுகிறது. இதன் மூலம் நாள் முழுதும் புத்துணர்ச்சியுடனும், பொலிவுடனும், வசீகர தன்மையுடன் விளங்கலாம்.

100% பக்க விளைகள் மற்றும் பின்விளைவுகள் இல்லாத பாரம்பரிய சித்த மருத்துவ சிகிச்சை முறைகளுடன் அக்குபசர், எலக்ட்ரோ ஹோமியோபதி, மின்காந்த சிகிச்சை, பிஸியோ தெரபி, அக்குபிரஷர், வர்மசிகிச்சை, ரெய்கி, யோகா, தியானம் போன்ற மாற்று மருத்துவ முறைகளுடன் ஒருங்கிணைந்து சிகிச்சை அளிக்கும் ஒரே மருத்துவமனை.

ஸ்ரீ ராகவேந்திரா மாற்றுமுறை மருத்துவமனை

(பரம்பரை சித்த மருத்துவ ஆராய்ச்சி மையம்)

எண்.55, தாண்டவராய கிராமணி தெரு, பழைய வண்ணாரப்பேட்டை,
சென்னை - 600 021. (தண்டையார்பேட்டை காவல் நிலையம் எதிரில்)

☎ 25956416, 25971262

AMUDHAKALASAM SIDDHA LITERARY RESEARCH CENTRE

With Best compliments from

Pothigai Pharma (P) Ltd.,

Manufactuer : Sidha Medicine

No.3, Pillayar Koil Street, Chozambedu,
Thirumullaivoyal, Chennai - 600 062.

TNGST No. 5580028
Grams : "Fortune"
Phone : 333105

Rm. K. Visvanatha Pillai & Sons

Silk Cloth and Piece Goods Merchants

NORT CAR STREET,
TIRUNELVELI - 627 006.

AMUDHAKALASAM SIDDHA LITERARY RESEARCH CENTRE

✆ : (04374) 542260

MUR - MAK PRODUCTS

(Pharmaceutical Manufacturers)
2/21, Eachengudi (Po.) Thiruvaiyaru (Via)
Thanjavur (Dt.) - 613 204.

PRODUCT LIST

1.	FEPROMALT FEPROVIT S.P. TONE FEBER - PM	:	Protein Tonic with Vitamines Iron, Calcium Zinc and Lysine
2.	BONNIESIP	:	Paediatric Diagestive Tonic
3.	TUSAKA	:	Cough Syrup C Tulasi
4.	DIGEEZYME	:	Enzyme Tonic for Dyspepsia
5.	FEMORIN	:	Uterine Tonic
6.	HEPATOMAK	:	Liver Tonic & Capsules & Drops
7.	TYLIN	:	For Asthma (Acute & Cronic) as Syrup & Capsules
8.	JEEVEETONE	:	For Vim, Vigour, Vitality & memory Power as Thich Colloidal Liquid
9.	CLASSIC FORTE:		health Restorative Capsules
10.	CYCLIN	:	Cyclic Regulator Capsules
11.	PYLEEN	:	Capsules for Piles, Fistula
12.	ENTEROMAK	:	Anti-diarrhoeal Capsules
13.	RUMAK	:	For Rhematism & Joint Pain (Capsules)
14.	DISULIN	:	For Diabeties (Capsules)
15.	INFER	:	Analgesic & Anti Pyretic Capsules

AMUDHAKALASAM SIDDHA LITERARY RESEARCH CENTRE

SHRI RAMANA

Company List

Alarsin
Amrutanjan Ltd.,
Anglo-French (Herbal Division)
Arya Aushadi Pharmaceutical Works
Swasa Sudarana
Ayulabs Pvt. Ltd.,
Bajaj Consumer Care Ltd.,
Banlabs Ltd.,
Caprolabs
Charak Pharmaceuticals
Dabur India Ltd.,
Dr. J.R.K's Siddha Research Pvt. Ltd.,
Fort Herbal Drugs
Gen Pharma
Gufic Biosciences Ltd.,
Hamdard (wakf) Laboratories Ltd.,
Heal Ayurveda Pharmacy Ltd.,
Himalaya Drug & Co., & Pure Herbs
Illban Remedies Pvt. Ltd.,
Imis Pharmaceutical Pvt. Ltd.,
J&J. Dechane
Kalan Drugs & Remedies
Kerala Ayurveda Pharmacy Ltd.,
Kurewel Pharma
Laurel Herbal Products Ltd.,
Maharishi Ayurveda Corporation Ltd.,
Mark Enterprises
M.B. Pharma
Millennium Herbal Care Ltd.,
Pankajakasthuri Herbals India Ltd.,
Pothigai Pharma
Raja Siddha Marundhagam
Retort Pharmaceuticals
Sai Ram Remedies
SKM Health and Mind Welfare Charity Trust
Solumiks Herboceuticals Ltd.,
Swasamrutham
Surjichem Herbs India
The Arya Vidya Pharmacy (CBE) Ltd.,
The Union Pharma
The Zandu Pharmaceuticals Works Ltd.,
T.T.K. Pharma Ltd.,
Unilabs (India) Ltd.,
Vasu Pharmaceuticals Pvt. Ltd.,

Medical Agencies

75 Thillai Nagar
Erode - 638 001
Email : shriramana@eth.net
Phone No. : 0424-2253421, 0424-2250390

With best Compliments from

NATURE CURE

M/s. Aravindh Herbal Labs (P) Ltd.,

(Mfrs. of 270 Ancient Siddha Herbal Medicines)
P.B. No. 140,Mudangiar Road 4th Kilometer,
Rajapalayam - 626 117. Phone No. 04563-220115/226719.
E-mail: aravindh1vsnl.com. Website : www.aravindhherbal.com

Our Products :
Siddha Herbal Medicines
Hybiscus Hair Oil, Herbal Powders
Chocolates, Sarbaths, Biscuits, Jam
Herbal Tea, Tooth, Bathpowders, Honey etc.,

Aravindh Ashram :
Nature cure treatment centre for all diseases.

Iyarkai Maruthuvam :
Monthly Magazine for Health & Mind.

AMUDHAKALASAM SIDDHA LITERARY RESEARCH CENTRE

With best Compliments from :

Dr. Sheela Alagesan

SRI DURGA SURGICAL

&

RESEARCH CENTRE

Sri Ponnalagi Amman Trust,

Ponnamaravathy - 622 407

AMUDHAKALASAM SIDDHA LITERARY RESEARCH CENTRE

தரமான நாளிதழ்

காலைக் கதிர்

தமிழ் நாளிதழ்

சேலம், திருச்சி, பெங்களூர்

வாசகர்களின் உள்ளம்
கவர்ந்த நாளிதழ்

தினமலர்

சென்னை / வேலூர் / புதுச்சேரி / ஈரோடு,
கோயம்புத்தூர்/ திருச்சி / மதுரை / திருநெல்வேலி,
நாகர்கோயில்.

AMUDHAKALASAM SIDDHA LITERARY RESEARCH CENTRE

NATUROPATHY HOSPITAL

5, Panjali Amman Koil St., Arumbakkam, Chennai - 106.

Ph: 24750508, 24754994

★ No Medicine ★ No Injection ★ No Operation

Type of Treatments

- ☛ Massages
- ☛ Accu pressure
- ☛ Yogic Exercises
- ☛ Water Treatments
- ☛ Diet Therapy
- ☛ Clay Therapy
- ☛ Chromo Theraphy
- ☛ Magnetic Therapy

In patient & Out Patient
Facilities are available
Moderate Charges

Reduces Cholesterol, Reduces Pain,
Improves Blood Circulation, Reduce Stress,
Gives Gentle Massage While in Sleep, Induce Sleep
Relieves Stiffness of the Joints, Relaxes the Muscles.

ALL MAGNETIC ITEMS ARE AVAILABLE

★ MAGNETIC BED ★ MAGNETIC VIBRATOR BELT
★ MAGNETIC BANGLE ★ ACCU PRESSURE ITEMS
★ MAGNETIC HIP / BELLY BELT WITH HEATING PAD

AMUDHAKALASAM SIDDHA LITERARY RESEARCH CENTRE

Estd. 1896

Ph. : 04651-600831
600061

JEYARAM VAIDYAR
Dr. NEELA JEYARAM, B.S.M.S.,

JEYANANDA HOSPITAL

Ayurveda Orthopaedic & General Hospital

X-Ray, Lab, Physiotheraphy attached

Kaliyakkavilai - 629 153, Kanyakumari District.

sMT & sVT

HANDLOOM LUNGIES AND SAREES

Manufactured and Distributors :

SRI MURUGAPPA TEXTILES
SRI SHANMUGA TEXTILES

No.38, Malayandi Kovil Street,
Valayapatty - 622411
(Ponnamaravathy) Pudukkottai-Dt.

☎
Off : 263711, 262116
Cell No. : 98424 - 62111

Prop. :
K. Shanmugathevar
MJF. Ln. K.S. Palaniappan

AMUDHAKALASAM SIDDHA LITERARY RESEARCH CENTRE

With best wishes from

☎ : 04651 - 565150, 672775, 670364
Mobile : 9842789244

Dr. C. SURESH, B.S.M.S.,

Dr. RADHA HOSPITAL & LIVER CARE CENTRE

Research Centre for Hepatitis
Enayam Puthanthurai, Kanyakumari District - 629 193.

Doctors Scans & Diagnostics,

6/68-2, Main Road,Marthandam,
Kanyakumari District
Ph. : (04651) 672775

US SCAN, X-RAY, ECG, EEG, COMPUTERISED LABORATORY

(All investigations under one roof)

With best compliments from

LINGAN HERBALS

54-C, Muddichur Road, West Tambaram, Chennai - 600 045.
Tel No. 22260883, 22260439

MANUFACTURERS OF HERBAL PRODUCTS :

"EESA" Cough & Cold Tablet,
a herbal Product which gives relief from Cold, Cough, Nasal Congesation, indigestion and other Cold related disorders.

MANUFACTURING UNIT - 6, Pilliyar Koil Street, Kannada Palayam, Tambaram West, Chennai - 600 045.

With best compliments from

THE MADRAS PHARMACEUTICALS MAZAL LABS

Madras Research & Analytical Laboratories

Office : No. 18, Dr. Nair Raod, T. Nagar, Chennai - 600 017.
Ph : 28152491 - 94, Fax : 00 91 44 28152495
E-mail : sulaiman@md2.vsnl.net.in

FACTORY : 137-B, Old Mahabalipuram Road, Karapakkam, Chennai - 600 096 Ph : 24501313-14, Fax : 00 91 44 24501334

Moogambigai Agencies

C-40, 3rd Cross, Thillai Nagar,
Trichy - 620 018.

Ph : 2721548, 2721549, 2765158, 98472154

LIST OF THE COMPANIES

1. Raja Siddha Marundagam
2. Ayuy Labs
3. Vasu Labs
4. Ban Labs
5. Bajaj Consumer Care
6. Dabur (I) Pvt. ltd. (HCPD)
7. Dabur - Aristam Division
8. Pangaja Kasturi Herbals India Ltd.
9. Jeevntone
10. Madan Mithra
11. Crown Marketing Enterprises
12. Siddha Research Institute
13. Samahan (Link Natural Product)
14. Vappa pharmacuticals
15. Zandu
16. Kerala Ayurvedic Pharamacy Ltd
17. Arul Jothi Vaidya Sala
18. Himalays Pharma
19. Himalays - Ayurvedic Concept
20. Himalayas - Pure Herbs
21. Himalays - Herbal Health care
22. Dechne (JJ)
23. Solumiks Phramal Ltd
24. Charak Pharmaceuticals Ltd
25. Swasa Amirtham
26. Kalan Drugs & Remedies
27. Sivaraj Pharamacy
28. Humdard (Wakf) Laboratories
29. Nixoderm (Muller & Phippss (P) Ltd.
30. Chakola's herbal Fairness Oil
31. Bajaj Brahmi Amala Hair Oil
32. Alarsin
33. Retort Pharmaceuticals Pvt. Ltd.
34. Thuthuvalai - Vallari - Candies
35. Hitech Herbaals
36. Bio-Care Pharma
37. Vital Care Pvt. Ltd.

AMUDHAKALASAM SIDDHA LITERARY RESEARCH CENTRE

This is what it becomes when the masala gets the right pinch of the right spice!

SAKTHI MASALA (P) LTD.,
#6, Mamarathupalayam,
Erode - 638 004. T.N. INDIA.
Ph : 91-424-533601 to 606. Fax : 533607
email: sakthimasala@vsnl.com.
Http://www.sakthimasala.com

SAKTHI
MASALA

India's No.1 Masala

It's not just the numerous awards we received on our quality, that made Sakthi a market leader, its the passion to take the Masala to its best. The best of the spices are hand picked and blended with art, technology, and love that made it a lipsmaking favorite for the millions!

With its range of over 40 pure spices and masala mixes that had won the hearts of Indian millions, Sakthi now takes its aroma across the world.

Take home Sakthi Masala to give your day-to-day cuisine a delicious shot!

Trade Enquiries Solicited

Best Wishes from Top Export Award Winners (2002/2003)

P. Subbaraj & Co.,

Manufacturers & Exporters of

BONE HIDE GLUE, BONE ASH, CRUSHED BONES, BONE GRIST, DEGELATINISED BONES, STEAMED HORN & HOOF MEAL, BONE MEAL, HOOF MEAL, OXGALL BILE CONCENTRATE, AMINO ACID, KERATIN, CHOLIC ACID & HYDROXYAPATITE- (Surgical Implants)

CONSECUTIVELY TOP EXPORT AWARD WINNERS FOR 13 YEARS
(2002/2003 ALSO)

RECOGNISED EXPORT HOUSE EXPORTS TO EUROPE, U.K. & JAPAN

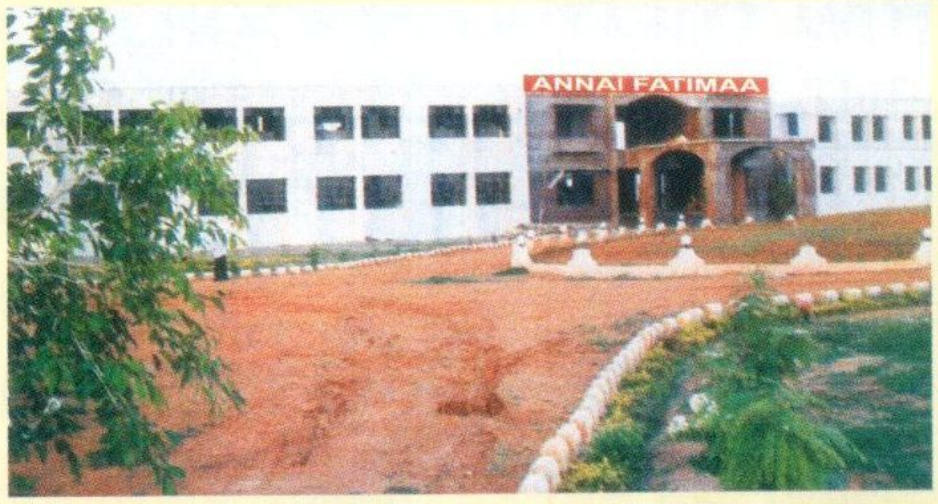
5, Sylvan Lodge Colony, First Street, Kilpauk, Chennai - 600 010. INDIA
Phone : +91 44 6421845, 6427750, 6420791 Fax : +91 44 6421398
Telefax : 041-24077-VPN-IN Email : psr@giasmd01.vsnl.net.in

BONE MILLS AT	PHONE NO	SHHM PLANT AT	PHONE NO	GLUE PLANT AT	PHONE NO
CHENNAI (TN)	24871538	SANTHA VELLURU (AP)	64010	CHETTIPED (TN)	6811049
SHENCOTTAH (TN)	333244			KONDAPALLI (AP)	872294
KONDAPALLI (AP)	872249				

AMUDHAKALASAM SIDDHA LITERARY RESEARCH CENTRE

100% JOB ASSURED

Estd - 1992



MTC

ANNAI FATIMAA INSTITUTE OF HOTEL & CATERING ADMINISTRATION

(Permanently Recognised by Govt. of Tamil Nadu)

(Unit of Annual Fatimaa Educational Society Regd. in Collaboration with M.T.C. Malay)
An approved Institution of MADURAI KAMARAJ UNIVERSITY

ADMISSION NOTICE FOR THE 11TH BATCH 2003 - 2004

SNo.	Duration	Courses Offered
1.	** 3 Years	Diploma in Hotel Management & Catering Technology
2.	2 Years	Hotel Operational Management (Catering Technology)
3.	1 Year	Postgraduate Diploma in Hotel Management and Catering Technology
4.	1 Year	Fashion Techonology with CAD
5.	1 Year	Hotel Management & Catering Sciences
6.	1 Year	Food & Beverage Production
7.	1 Year	Food & Beverage Services

Eligiblity : 10 /+2 * and Above. Course No. 3 - Any Degree.
* Separate Hostel for Boys & Girls. ** Approved by MTC
For Application & Prospectus Send Rs. 150/- D.D. or M.O. to

THE PRINCIPAL

ANNAI FATIMAA INSTITUTE OF HOTEL & CATERING ADMINISTRATION

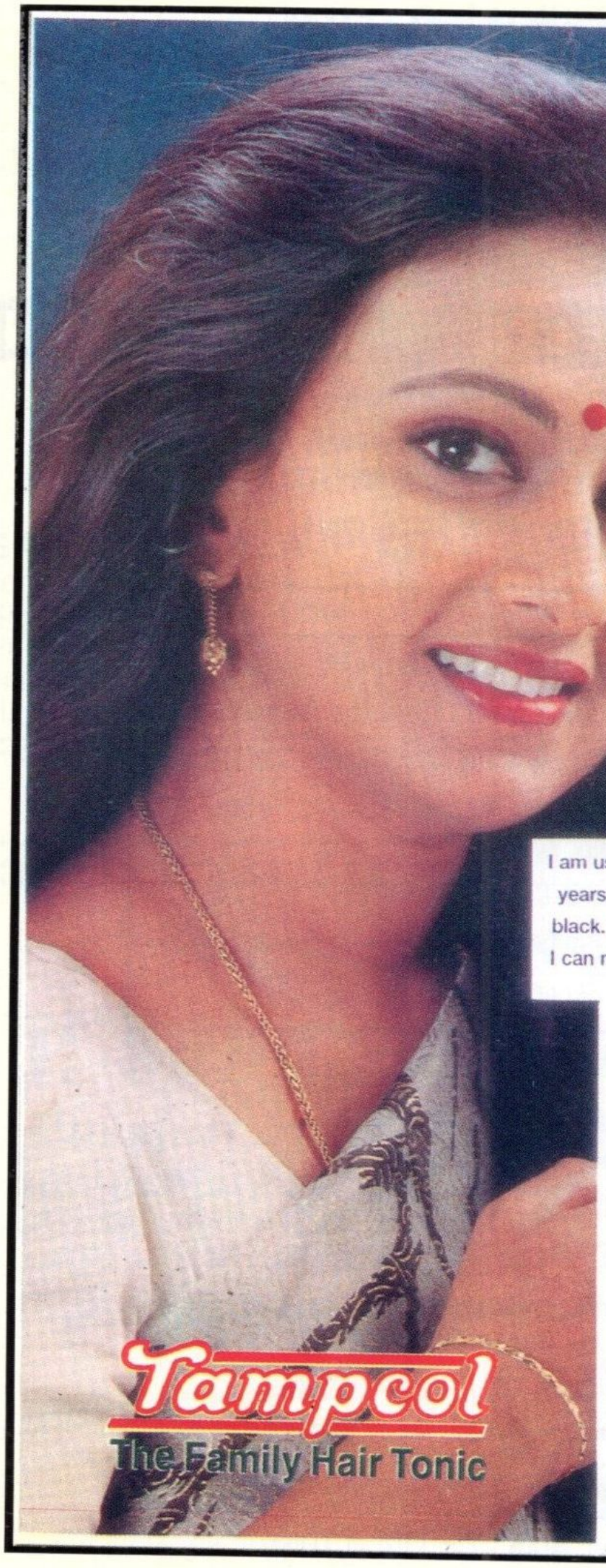
Bethel Nagar, Bye-Pass Road, Madurai - 625 010.
Ph : 2380326, 2383496, Fax : 0452 - 2383321
E-mail : annaifatimaa@rediffmail.com. annaifatimaa@eth.net

25 ஏக்கரில் அழகான இயற்கை சூழலில்
அனைத்து வசதிகளுடன் கல்லூரி அமைந்துள்ளது

College Campus : Fatimaa Nagar, Alam - Patti (Near Teddy)
Thirumangalam, Phone : 04549 - 284528

சென்ற வருடம் வரை படித்த அனைத்து மாணவர்களுக்கும்
வேலைவாய்ப்பை பெற்றுத் தந்த தமிழகத்தின் ஒரே கல்லூரி

AMUDHAKALASAM SIDDHA LITERARY RESEARCH CENTRE



Beauty Care
Beautiful Hair
ensured by
Tampcol Herbal
Hair Tonic

I am using Tampcol Herbal Hair Tonic for the past two years. It nourishes my hair and keeps it healthy and black. Now my hair is elegant, flowing and attractive. I can never forget the day Tampcol came into my life.

S. Malathy, B.A. Musiri - Trichy District

- ★ For Black, Thick and Healthy Hair, a complete Herbal Hair Tonic. Tampcol
- ★ Anti - Dandruff Herbal Hair Tonic. Tampcol
- ★ Prevents premature greying of Hair. Tampcol
- ★ Prevents frequent Hair fall. A quality product from the Government of Tamilnadu. Tampcol
- ★ Has 28 Herbal extracts including Karisilanganni, Kizhanelli, Poduthalai, Sembaruthi, Coconut oil and Olive oil Tampcol Herbal Hair Tonic

Write your experience to us.
Tamilnadu Medicinal Plant Farms and Herbal Medicine Corporation Limited, Anna Hospital Campus, Arumbakkam, Chennai - 106. Phones : 6214892, 6216696 Fax : 91-44-6206223
E-mail : tampcol@md4.vsnl.net.in / customerservice@tampcol.com
Website : www.tampcol.com

AMUDHAKALASAM SIDDHA LITERARY RESEARCH CENTRE

PPL1

MATHUMEGA CHOORANAM TABLET WITH THRIBALA TABLET AND NEEM LEAF JUICE ON THE GROWTH OF SOME URINARY STONE CRYSTALS

***T. UDHYA MARTHANDAM **C. MAHADEVAN**
*Government Head Quarters Hospital,
Nagercoil - 629 002. Tamil Nadu, India.

**Physics Research Center, S.T. Hindu College,
Nagercoil - 629 002, Tamil Nadu, India

Urinary stone is defined as any object resulting from a liquid - Solid phase transition in urine.

Struvite (Ammonium Magnesium phosphate hexahydrate, $MgNH_4PO_4 6H_2O$) and Brushite (calcium hydrogen phosphate dihydrate, $CaHP_4 2H_2O$) are important constituents of Urinary Stone crystals

Recently, some researchers have been attracted to carry out studies on these urinary stone crystals investigating the promotory / inhibitory effect of various allopathic drugs consumed by the patients for head ache, fever, stomach disorders, diabetes etc.

In order to understand the effect of neem leaf juice and Mathumegachooranam tablet with Thribala chooranam tablet on the growth of struvite and brushite crystals, we have grown in gel media these crystals without and with adding these herbal products separately with five dosages (10, 20, 30, 40 and 50 mg in the case of Mathumegachranam tablet with Thribala choornam tablet and 0.2, 0.4, 0.6, 0.8 and 1.0 ml in the case of neem leaf Juice).

The grown crystals are characterized by mass (total of the product crystals) and density determinations. Details will be presented.

AMUDHAKALASAM SIDDHA LITERARY RESEARCH CENTRE

PPI.2

எய்ட்ஸ் நோய்க்கு சதுர் யோகம்

N. DHANARAJ
Govt. Hospital (Siddha wing), Erode.

எய்ட்ஸ் நோய் கண்டுபடிக்கப்பட்டது 1981-ம் ஆண்டு. அந்நோய்க்கு H.I.V கிருமிதான் காரணம் என்பது சுமார் 1984-ம் ஆண்டு கண்டுபிடிக்கப்பட்டது. மாறுபட்ட பாலுறவு காரணமாக, இரத்தம் மாற்று கொடுப்பதனால், ஓரினச் சேர்க்கை காரணமாக, போதை மருந்துகளை நரம்பு ஊசிகளின் மூலம் செலுத்துவதால். கணவன் மனைவி இருவரிடத்தில் ஒருவரிடமிருந்து மற்றொருவருக்குப் பரவுவது. பெற்றோர்களின் வழியாக குழந்தைகட்கு மேலும் சில கண்டுபிடிக்க முடியாத காரணற்களினாலும் இந்நோய் பரவுவதாகக் கூறப்படுகிறது.

அரசாங்கம் தொற்று நோய் கிருமிகளை தடுப்பதற்கு எடுக்கும் முயற்சிகளின் விளைவாக பால்வினை நோய்களின் வளர்ச்சி சதவீதம் சில சமயங்களில் குறைந்து காணப்பட்டது. ஆனால் எய்ட்ஸ் நோய் அரசாங்கம் எத்தகைய முயற்சிகள் எடுத்தாலும், நாளுக்கு நாள் எண்ணிக்கையிலும், சதவீதத்திலும் கூடிக் கொண்டே செல்கின்றது. இந்நோய்க்கு சதுர்யோகத்தை எவ்வாறு பயன்படுத்தலாம் என்பதைக் கட்டுரையில் விரிவாகக் காணலாம்.

PPI.3

A CLINICAL TRIAL REPORT ON KALANJAGAPADAI

H. MUBARAK M. CHITRA S. HARIHARAN
DR. G. SELVAMOORTHY
DR. F. ADAM ANNAVI
Siddha Wing, Dt. Head Quarters Hospital, Dharmapuri.

Siddha System of Medicine gives answers to most of the unknown and known - curable diseases in multifactorial ways. Kalanjagapadai (காளாஞ்சகப்படை) may be compared with Psoriasis which becomes a social stigma among the people finds to be curative in the Siddha System of Medicine.

Hence we have taken a clinical trial on 10 Kalanjagapadai patients in our hospital. We have chosen the Medicines both internal and external along with diet restrictions and hygienic conditions.

AMUDHAKALASAM SIDDHA LITERARY RESEARCH CENTRE

They were given

I[st] day Agasthiar Kulambu - 150 Mg with Sangankuppi extract

2[nd] day Rest

3[rd] day onwards

I. Parangipattai Choornam - 1 g

Parangipattai padangam - 100 mg t.d.s with milk

II. Vetpalai Thylam - 2ml with milk internal and as well as external

The results are better in our observation

The documents and photographs will be discussed in the full paper

PPI.4

AIDS MANAGEMENT

E. SUNDARAMOORTHY
61, 9th 'C' Main, K.P. Agraharam, Bangalore - 560 023.

"AIDS - ACQUIRED IMMUNO DEFICIENCY SYNDROME", the dreaded disease that is threatening the very existence of Mankind, is caused by a 'VIRUS', the HIV VIRUS (HUMAN IMMUNO DEFICIENCY VIRUS). In this world, people transgress the normal way of sexual life and get attracted to different species of Animals with excessive passion for the enjoyment of their sexual pleasure . They get recourse to animals and even cattle and indulge in sexual indulgences of two different species, whose body conditions like temperature, cell structure, number of chromosomes in the cells, DNA, RNA, Genetic factors, etc. are widely varied, the semen gets infected with "TOXIC MICRO ORGANISMS". Hence blood becoming deficient in its composition and the normal counts of white blood cells get drastically reduced, resulting in deficiency in Natural Immunity. The clinical management of the disease using Siddha drugs is dealt in the full paper.

AMUDHAKALASAM SIDDHA LITERARY RESEARCH CENTRE

PPI.5

SIDDHA MEDICINE FOR CHILDREN DISEASES

C. SAVARIRAJ SAHAYAM,
Consultant Bharath Environment Seva Team
Pudukkottai.

Disease has Predilection for Childhood, It is the stage in the human life that must prepare itself to be fit for survival and growth. In the process of natural immunity, a child's individual response to the disease depends largely on the constitution inherited through parents. Child care being different in many aspects from adult care hence it is considered a separate branch of Medicine. In Allopathy Medicine it is called Paediatrics while the Siddhars called Bala Vagadam. In Siddha Medicine child care has been considered so important that is classified and sub divided into further branches depending on the age of the child. Each of these stages have their diseases and the Siddha treatment prescribed for them. Vasambu, Omavalli are useful in the paediatric problems. Siddha remedies of children's disease are very effective and if used with knowledge can do much to maintain public health.

PPI.6

PAEDIATRIC HEALTH CARE IN SIDDHA SYSTEM MEDICINE

M.MEENAKSHI SUNDARAM
SRI SAIRAM SIDDHA MEDICAL COLLEGE, WEST TAMBARAM,
CHENNAI - 600 044

The subject of the Mother and Child Health gained its importance even in olden days itself. Care of the child starts with the formation of the Zygote and many factors like mother's nutrition, mental state and environmental factors play their role. Proper labour management with the view of avoiding birth injuries and effective resuscitation are also essential. Poor nutrition and, infections in infancy and childhood affect the growth and development of the child. Emotional dissatisfaction which is going to be the root of the life long personality disorders has to be taken into account, in view of all these facts, paediatrics has got a wide range of applicability.

The importance of paediatrics lies in the fact that the child has poor resistance, immaturity

AMUDHAKALASAM SIDDHA LITERARY RESEARCH CENTRE

of the tissues and systems of the body. So a paediatrician should have a clear idea on various milestones of the growth and development, In addition he is more concerned keep up normal health in a child.

The strength of a nation depends on the health of children. More than 2/5th of the population of India are children. Hence, more importance has been imparted by almost all the systems of medicine in the world.

The purpose of this paper is to present a summarised form of the traditional approach to children's health for a good society.

PPI.7

ROLE OF AMCHI (TIBETAN) MEDICINE FOR PUBLIC HEALTH IN HIMALAYAN REGIONS

S.T.PHUNTSOG & PADMA GURMET
Amchi Medicine Research Unit (CCRAS) Leh-Ladakh 194101

Amchi (Tibetan) system of medicine is one of the oldest surviving medical system of the world. It has been popularly practiced in Tibet, Mangolia, Bhutan, Nepal, some parts of China Bhuriyat Republic of Russia and Himalayan regions of India etc. The origin of this medicine is trace back to India were more then 2500 years ago Bhagwan Buddha delivered the fundamental text "rGug -bzi" of this system. Afterward it was flourished through well-known Indian scholars like Jivaka, Nagarjuna, Vagabhatta and Chandrananda etc. Amchi system was first introduced in Tibet during 7th century with translation of rGugbzi in Tibetan language by Verotsana of Tibet and Chandranandan of Kashmir. This text was later amended and enriched with other medical tradition like Tibetan folklore, Chinese medicine and Greek medicine etc to make it harmonious with culture and environment of Tibet. After setting its foot in Tibet it was spread in its neighbhouring regions and since then this system become the only systematic health facility for the people of these regions. Principally Amchi system Is based on Ayurvedic fundamentals of Tri-dosh and Panch-Mahabhuta with few unique features, skillful use of Himalayan plants, minerals and animal products are speciality of this system. There are around one thousand practitioner of this system in India covering medical

AMUDHAKALASAM SIDDHA LITERARY RESEARCH CENTRE

need of the people of Ladakh, Himachal Pradesh, Arunachal Pradesh, Sikkim, Darjiling Kalingpong etc. The people of these regions have great faith in this system and it has been the only health facility for them till 1960's. Recognizing the role and importance of Amchi medicine Govt. of India had established an Amchi Research Unit in Leh in 1976, since then this Research Unit has been conducting research on various aspects of this system. Today Amchi system is present in every major town of India and large numbers of people are benefited every day.

The purpose of presenting this paper is to make aware to the scientist of Indian system of medicine regarding the principal and practice of Amchi (Tibetan) system of medicine.

PPI.8

MANAGEMENT OF PREGNANCY INDUCED HYPERTENSION BY KHAMEERA KHASHKHASH

***QAMAR A. KAZMI**
****MUHKTAR HUSAIN HAKIM**
*Dept of Arnraz-e-Niswan-wa-Atfal A.K. Tibbiy College A.M.U Aligarh
**Dept ofMoalejat A.K. Tibbiya College A.M.U., Aligarh.

To conceive is probably the most common desire of married women under normal circumstances. Pregnancy is a normal physiological phenomena culminating into the arrival of a newborn baby. On most of the occasions it runs into an uncomplicated phenomenon but may take a pathological term at any juncture during the tenure of the pregnancy. There are several complications, or diseases, which might get associated with it and may adversely affect the health of the mother/baby or both. One such complication is hypertension and if not recognized and treated with in time it might have even lethal outcome for the mother or the newborn baby. Even the hypertension may affect the intrauterine haemostasis of foetus.

According to William's Obstetric the diagnosis of pregnancy Induced hypertension (P.I.H.) is made when blood pressure is 140/90 mm Hg or more. In the present study 50 patients were selected who were under our observation. They were regularly followed up in Antenatal Clinic of Amraz-e-Niswan-wa-Atfal, A-K-Tibbiya College, A.M.U., Aligarh, India. These were the pregnant ladies who developed hypertension after 28 weeks of pregnancy. Estimation

AMUDHAKALASAM SIDDHA LITERARY RESEARCH CENTRE

of protein in urine was also done. In other words the patients suffering from mild pre-eclampsia were the subjects of this study. They were followed until the childbirth. Khameera Khashkhash was obtained from A.K.Tibbiya College Dawakhana A.M.U., Aligarh and was administered is the dosages 6mg twice a day and follow up record was made at weekly interval. There was signified reduction in blood pressure and disappearance of proteinuria.

The results will be discussed in full-length paper.

PPI.9

EFFICACY OF SAFOOF-E-ISTEHAZA JADEED IN DYSFUNCTIONAL UTERINE BLEEDING

***HUMAIRA BANO **Q.A. KAZMI ***TAHSEEN FATIMA**

*Moalejat A.K. Tibbiya College A.M.U. Aligarh

**Tibbiya College A.M.U. Aligarh

***A.K. Tibbiya College Hospital A.M.U. Aligarh

In a large number of patients uterine bleeding is not associated with any structural abnormality in the pelvis or evidence, either general diseases or endocrine disorders. And the incidence of D.U.B. is about 10% amongst new out door patients.

In the literature of Unani Medicine the same condition was described under the title of "Kasrat-e-Haiz" or "Istehaza" The ancient Unani physicians mentioned the many under lying causes which develop the condition along with characteristic features and well defined treatment.

The cause of D.U.B. according to the modern medicine is undetectable but the Unani physicians mentioned the causes of "Istehaza", as Riqqat-e-Dum, Imtila-e-Dum, Hiddat-e-Dum and Maiat-e-Akhlat-e-Salasa etc. In the light of above clear description 30 patients were selected in O.P.D. of A.K.Tibbiya College Hospital who had the complaint of menorrhagia. Selection of patients done after exclusive and inclusive criteria. The treatment was given during menses for six month.

Detail will be describe in full-length paper.

AMUDHAKALASAM SIDDHA LITERARY RESEARCH CENTRE

PPI.10

ANTI-OXIDATIVE POTENTIAL OF SOME UNANI NON PHARMACOPEAL PREPARATIONS IN THE TREATMENT OF OSTEO-ARTHRITIS (TAHAJJUR-UL-MAFASIL)

ASIF IQBAL SIDDIQUI SANJAYKUMARPANDITA
***NAIFIS AHMAD QUASMI WAHAB-UR-RAHMAN**
Deptt. Of Ilmul-Advia, G.N.T.C., Charminar, Hyderabad
*C.G.H.S.,KendriyaSadan,Koti,Hyderabad

The present study mainly emphasizes to establish the correlation between arthritic activity and oxidative stress in clinical activity. It is also aimed to evaluate the test combinations used conventially in Unani system of medicine. After strict including and excluding criteria the patients randomly selected for the study after making comprehensive series of laboratory test to confirm the OA.

The selected patients were divided randomly and a double blind clinical trial was conducted using single coloured and coded capsules. The oxidative level was measured by using urine various oxidatory stress markers before and after treatment. The study was conducted in sixty patients. The duration of study was forty days.

The protein carbonyls level before treatment in SBA, Mundi and Placebo group was recorded ±0.54, ±0.47, ±0.50 respectively. It was observed ±0.63, ±0.50, ±0.40 respectively, after the treatment (P<0.50).

The lipid peroxidation before treatment in SBA, Mundi and Placebo group was recorded ±0.94, It0.80, ±0.90 respectively. The significant increment after the treatment was recorded as ~tl.10, ±0.82, ~0.85 respectively (P<0.5).

The Glutathione level before treatment in SBA, Mundi and Placebo was recorded ±44.8, db43.8, ~58.3 respectively. The significant decrease in the level was observed in said group as dh38.0, ±48.8, db47.2, respectively (P<0.5).

The detail shall be discussed in full length paper.

AMUDHAKALASAM SIDDHA LITERARY RESEARCH CENTRE

PPL11

PANCHAKARMA Vs GENERAL TREATMENT IN AMAVATA (RHEUMATOID ARTHRITIS)

CH. RAMAKRISHNAMACHARYA
Arignar Anna Govt. Hospital of Indian Medicine,
Arumbakkarn, Chennai, 600106

Amavata (Rheumatoid arthritis) is an autoimmune disease occurring mostly in middle aged people. It is best treated with ayurvedic medicines as well as Pancakarma therapy. In a clinical trail Amavata is treated with snehana, pinda sweda followed by matravasthi in 10 patients. General medicines are given to another group of patients consisting of 10 subjects. The efficacy of the general medicines and panchakarma- administered patients is compared. The diagnosis is done in accordance with Ayurveda text books as well as a comparative diagnostic criteria of American Rheumatism Association 1987. The parameters include morning stiffness, swelling, painful joints, etc.

Result showed that panchakarma when administered along with internal medicines improved amavata more than administration of general medicines alone. Though pain and swelling of joints are reduced in both groups the panchakarma therapy augmented the efficacy of the Ayurvedic drugs. Details of trial are presented in the present paper.

PPI.12

CLINICAL TRIAL WITH CODED UNANI DRUG UNIM-301 & UNIM-305 IN THE TREATMENT OF WAJA-UL-MAFASIL (RHEUMATOID ARTHRITIS)

AHMED MANZOOR, ZAHEER. A.KAREEM, SAYEEDA G.SULTANA
Regional Research Institute of Unani Medicine - Chennai

A total number of 153 (53% Sero negative and 47% cases Sero positive) Waja-ul-Mafasil patients of either sex satisfying the criteria of American Rheumatism Association were taken up for the present clinical study. The study was carried out with the coded Unani drugs UNIM-301 and fomentation with UNIM-305 (Gul-e-Palas) for a period of 180 days.

The study revealed significant improvement in Clinical parameters and improvement in

AMUDHAKALASAM SIDDHA LITERARY RESEARCH CENTRE

ESR and C- Reactive protein in majority of the cases studied.

The results are discussed in the full paper.

PPI.13

AIDS

P.RAJKUMAR
Family Planing Association of India, Madurai -16.

Aids is not a disease. It is entry channel for all diseases. In this condition body Immune System is affected. So the people get chance for suffered various diseases like pulmonary Tuberclosis. Herpes Zoster etc. In Siddha System doctors named this condition "Theivyu Noi". Because in this stage all vital organs in body diseased and Body weight is gradually decreased.

Other details will be dealt in the full paper.

PPI.14

KUTHIKAL VATHAM

EUGENE WILSON,
Vallalar Siddha Vaidhya Salai, Guduvancheri

Kuthikal Vatham is a common vatha disease, it can be compared to calcaneal spur. Calcaneal Spur (Plantar fasciitis) is an aseptic Inflammation of the plantar fascia affecting one or both heels. Plantar calcaneal spurs are seen in 60-90% of patients with plantar fasciitis and 10-30% of the normal population. The mean age incidence was in the late 50's and commonest among young adults or middle aged persons.

Male: Female ratio is about 1:2 commoner in the obese, in those standing for prolonged periods at work and working on a hard surface.

Typically this pain is worse in early morning and the patient is unable to bear weight on the foot on getting up from bed, made worse by walking on a hard surface or carrying something heavy, such as a suitcase and can be come severe, that it be comes to continue their daily work.

AMUDHAKALASAM SIDDHA LITERARY RESEARCH CENTRE

A new combination of Sringi Chunnam with Athirsta Rasayanam was administered for 1 mandalam.

In this study 8 patients were included and diagnosis was made clinically as investigations contribute little.

This new combination was highly effective in 6 patients, relieving pain and enabling to their routine work with no side effects.

Thus Sringi Chunnam and Athirsta Rasayanam combination is a useful remedy for Vathikal Vatham, and detailed study is required for further conclusion.

PPI.15

MANAGEMENT ASPECT OF SIDDHA SYSTEM OF MEDICINE

P. SRI PAPPI

The Management in Siddha System of medicine is aimed at keeping the three doshas in equilibrium and maintenance of the seven thathus. In the Principles of management It is aimed at three aspects, viz

காப்பு - Preventive, நீக்கம் - Curative, நிறைவு - Promotive

The details will be dealt in the full papaer

PPI.16

CURATIVE REMEDY FOR PADARTHAMARAI A CLINICAL TRIAL REPORT

G. SELVAMOORTHY MUBARAK.
Siddha Wing, Dist. Head Quarters Hospital, Dharmapuri.

Siddha System of Medicine is a unique system providing better cures in all chronic ailments. In this regard, we have taken a clinical trial in our hospital. Padarthamarai (படர் தாமரை) mentioned in our text may be compared with Tinea group of fungal infections. In our hospital we have undertaken 30 Padarthamarai patients for the clinical trial. The medicines which we have selected are,

I. GANDHAGA RASAYANAM- 500 mg b.i.d. with milk, internal

AMUDHAKALASAM SIDDHA LITERARY RESEARCH CENTRE

(Ref. Siddha Vaidya Thirattu)

II. SEEMAIAGATHIKALIMBU - for external application

(Ref.Gunapadam text)

The patients have' taken this medicine for one month along with some diet restrictions and hygienic aspects.

Our aim is to emphasize and standardise these medicines in our hospitals and in our routine practice. This will highlight our system of medicine.

The documents of photographs & Laboratory investigations will be discussed later.

PPI.17

PERUNCHIRANGU - A CLINICAL TRIAL REPORT

MUBARAK. G. SELVAMOORTHY
Dist. HQ. Hospital. Dharmapuri

Siddha System of Medicine is a devoted system for most of the dermatological cases. Nowadays skin diseases are having a great socio economic importance. Perunchirangu (பெருஞ்சிரங்கு) mentioned in our text could be compared with Impetigo which is a superficial bacterial infection. In our hospital, we have undertaken 20 cases for the clinical trial.

The medicines which we have selected are,

1. BALA SANJEEVI MATHIRAI - I t.d.s with honey

II. MATHAN KALIMBU -for external'application.

The patients have continued the medicines for one month along with diet restrictions and hygienic conditions.

We have seen good results from these cases.

Our target of hope is to bring this standardised formula among the Siddha Practitioners. This will enlighten our next generation.

The documents of photographs and laboratory investigations will be discussed later.

AMUDHAKALASAM SIDDHA LITERARY RESEARCH CENTRE

PPI.18

MIRACLE CURE OF DIABETES MELLITUS

S. ILANGO
Sivasakthi Siddha Hospital
Coimbatore - 4

India is proud of having a wide range of Traditional Medicine Siddha. This advanced system of medicine is practiced in a restricted area due to ethnic reasons.

So far there is no proper documentation or scientific validation of the therapeutic efficacy of thousands of Siddha formulations.

The Modern medical world will accept only if proper documentation or scientific efficacy of any Siddha formula.

In this paper a Siddha formula is taken for clinical trials for 100 Diabetic patients. This formula gave a good control and cure in many patients.

In this study we have followed both Siddha and Modern case sheets.

Main Results observed are

1. Initially general health is improved.
2. Gradually blood sugar level starts to come to normal range.
3. Complications of D.M is prevented.
4. Helps to avoid modern hypoglycemic drugs.

The detials will be discussed in the full paper.

AMUDHAKALASAM SIDDHA LITERARY RESEARCH CENTRE

SESSION - II

PP II.1

ANTI BACTERIAL AND ANTI FUNGAL ACTIVITY OF ROOT EXTRACTS OF *MOLLUGO OPPOSITIFOLIA* LINN

***RAVI.R BINOKINGSLY-R SURIYAPRAKASH T.N.K SATHESHKUMAR.S**
S.M VENKATANARAYANAN.R *VENKATESAN. S

*Natural Products Research Laboratory,
S.B.College of Pharmacy, Sivakasi-626 130, Tamilnadu
**Department of Pharmaceutical Cheimstry, P.S.G.College of Pharmacy,
Coimbatore.

The *invitro* antibacterial and antifungal activity of ***Mollugo oppositifolia*** Linn. (Family Aizoaceae) root extracts have been investigated against S.aureus, B.subtilis, E.coli, Pseudomonas and C.albicans. The petroleum ether and methanol extracts of *Mollugo oppositifolia* showed high degree of activity against all test organisms. The inhibitory effects of extracts are very close and identical in magnitude and are comparable with that of standard antibiotics used.

PP II.2

IN VITRO STUDIES IN *PHYLLANTHUS AMARUS* SCHUM. AND THONN

R. CHITRA E.VADIVEL,
HC & RI, TNAU, Coimbatore, RRS, TNAU, Paiyur

Phyllanthus amarus a medicinal plant is being used as one of the important ingredients in many indigenous polyherbal formulations and other Ayurvedic preparations. Seed production is difficult and many a time seeds do not show proper germination and seedling growth. Studies on standardisation of micropropagation techniques for *Phyllanthus amarus* were carried out at the Tissue Culture Laboratory of the Horticultural College and Research Institute, Tamil Nadu Agricultural University, Coimbatore, India.

Mercuric chloride 0.1% for 3 minutes was used as sterilant to avoid the contamination. Among the collected explants, stem bit and nodal segment responded well for induction of white and green callus respectively and shoot tip nodal segments responded well for multiple shoot induction. Murashige and Skoog's medium at full strength proved to be best for callus

AMUDHAKALASAM SIDDHA LITERARY RESEARCH CENTRE

induction and multiple shoot formation. MS + BAP (3.0. mgl^{-1}) + Kinetin (3.0 mgl^{-1}) recorded the maximum green callus from nodal segment and MS + 2,4-D (4.0 mgl^{-1}) + NAA (0.4 mgl^{-1}) induced more white callus from stem bit and leaf bit explants.

MS + BAP (4.0 mgl^{-1}) + Kin (4.0 mgl^{-1}) recorded maximum multiple shoot from shoot tip and nodal segments. Among the explants, nodal segments gave higher number of shoots (5.94 shoots/explant) than shoot tip (5.22 shoots/explant). The survival percentage of cultures were recorded more in shoot tip plants (95.00 %) than nodal segments (88.00%). Addition of GA_3 to the medium, enhanced the length of multiple shoot. On subculturing the multiple shoots in MS medium supplemented with BAP (2.0 mgl^{-1}) and GA_3 (0.5 mgl^{-1}) had resulted in 7.0 multiple shoots formation. Rooting (87.09 %) of the shoots was best achieved in $V^{1/2}$ MS + IBA (0.5 mgl^{-1}) + IAA (0.5 mgl^{-1}).For the estimation of phyllanthin and hypophyllanthin, *in vitro* grown plants recorded higher amount of phyllanthin (0.521 %) and hypophyllanthin (0.296 %) which was cultured in 1/2 MS medium supplemented with IBA (0.5 mgl^{-1}) + IAA (0.5 mgl^{-1}).

PP II.3

ANTISTRESSOR EFFECT OF *ACORUS CALAMUS* IN ALBINO RATS.

MANIKANDAN. S SUTHANTHIRARAJAN. N
Department of Physiology, Dr A.L.M.PG Institute of Basic Medical Sciences
University of Madras, Taramani, Chennai-600113.

This study is to evaluate antistressor effect of an Indian herb Acorus calamus (AC) in rats having body weight (BW) of 190-230 gm were selected for this study and randomly divided into 4 groups as Group I, II, III and IV. The first two groups are used for control and vehicle control studies whereas the group III and IV were used for acute and chronic studies respectively. Noise stress was induced by exposing the rats to Broad band white nosise (WN) of 100dB for 4 hrs / day / rat. The effects of exposure to white noise (100dB) for 4 hrs / day on lipid peroxidation in different areas of brain like cerebral cortex, cerebellum, hippocampus, hypothalamus and blood corticosterone levels were analyzed. Acute noise stress showed a significant changes in all the parameters studied whereas the effect of chronic noise was not shown significant as compared to acute stress. Almost all the

AMUDHAKALASAM SIDDHA LITERARY RESEARCH CENTRE

parameters showed a recovery very near to normal by the administration of 40 mg / kg body weight IP Acorus calamus suggested that this extract has an antistressor property. The detailed of the findings will be discussed during the time of presentation.

PP II.4

SCIENTIFIC VALIDATION OF A SIDDHA DRUG MANATHAKKAALI - A Pilot Study

M. GOPALAKRISHNAN D.N. PRIYADHARSHINI K.V. VAITHEESWARAN ET AL
Govt. Siddha Medical College, Chennai - 106.

Manathakkaali is botanically called as *Solanum nigrum.* L. belonging to the family Solanaceae. The plant is a weed with erect stem and small flowers rich in bioactive principles such as b - solamarine, solamargine, solasonine and b solanagrine. It is a source of Riboflavin, Nicotinic acid and Vitamin C.

It is claimed in Siddha Literature that this plant possess anti-ulcer, anti-inflammatory and expectorant properties. In the present study it is screened scientifically for its above properties using specific methods and stains.

சித்தர்களின் கூற்றுப்படி

காய்க்குக் கபந்தீருங் காரிகையே ! அவ்விலைக்கு
வாய்கிரந்தி வேக்காடு மாறுங்காண் ..... என்றும்
மணத்தக் காளியுண் மார்பினிற் பையுனின்
கணத்தினிற் புறப்படு கயமுத லறுமே ..... என்றும்

பலவாறாக கூறியுள்ளனர். எந்த ஒரு அடிப்படை அறிவியல் துணையும் இல்லாத அக்காலத்தில் தன் மனவலிமையால் உணர்ந்து கூறியதை இன்று அறிவியல் துணையுடன் ஆராய்ந்து பார்க்கில் அது உண்மை என்றும் சித்தர்களின் கணிப்பு தவறில்லை என்றும் புலப்படுகிறது.

So, what our Siddhars told decades ago has been scientifically proven now.

AMUDHAKALASAM SIDDHA LITERARY RESEARCH CENTRE

Fourrts

(India) Laboratories Pvt.Limited

Manufacturers and Exporters of
Quality Pharmaceutical Formulations as per
GMP / WHO Standards

Winner of Quality Excellence
&
Managerial Excellence Awards

Fourrts

Innovating for good health

Corporate Office : 9A 5th Main Road, Bakthavatchalam Nagar,
Adyar, Chennai - 600 020, India. Phone : 490 1110/ 4421930 / 4423679
Fax : 495607 E-mail : fourrts@vsnl.net.com; Website :www.fourrts.com
Works : Vandalur Road, Kelambakkam, Tamil Nadu - 603 103
Phone : 954114 - 474525 / 474526 Fax : 954114 - 475083

AMUDHAKALASAM SIDDHA LITERARY RESEARCH CENTRE

With best compliments from

G.K. HOSPITAL

#89/302, Paper Mills Road, Perambur, Chennai- 600 011.
Phone : +91-44-25571003, 25571098
E-mail: gkhospital@hotmail.com

Dr.K. GUNASHEKARAN,B.I.M.,

உணவே மருந்து — மருந்தே உணவு

WE GIVE TREATMENT FOR

Hemiplegia	Skin Diseases	Hepatitis
Arthritis	Impotency	Piles
Cancer	Infertility	Weight Reduction
Asthma	Cerebral Palsy	

SPECIALITIES AVAILABLE

Physiotherapy	Phizhichal	Egg Paste
Nawarakizhi	Herbal Steam Bath	Yoga
Herbal Oil Massage	Thara	Aerobics
Herbal Oil Bath	Bone Setting	Inpatient Facilities

Pharmacy

ATTACHED LAB WITH E.C.G,X-RAY

AMUDHAKALASAM SIDDHA LITERARY RESEARCH CENTRE

PP II.5

ROLE OF MODERN AND ADVANCED TECHNIQUES LIKE HPTLC IN THE STANDARDIZATION OF ISM DRUGS.

NARESH TONDARE M.S. DODDAMANI G.R. VASTRAD L. NAGI REEDY
Dept. of P.G. Studies in Rasasasthra
Taranath Govt. Ayurvedic Medical College, Bellary - 583 101, Karnataka.

The herbal pharmaceutical is one of the fastest growing sector of industry in global. The International market is quality sensitive and standardization is most essential. The quality of ISM drugs is lacking due to the problem continuously facing in Ayurvedic medicines is the separation, purification and identification of one or more biologically active compounds form mixture of such compounds. One of the most convenient methods for achieving such separation is the use of chromatographic techniques, such techniques can be used for separation of large amounts or small amounts of material.

In drug standardization, the drug and cosmetics act 1940, according each manufacturer should ensure the identity and purity of crude drugs as well as the compound preparation. This can be achieved by modern and advanced techniques like HTPLC, AAS, HPTLC can be used for asavas, aristas, churna, ghritas etc., Atomic Absorption Spectroscopy (A.A.S) can be use in mineral products, Gas liquid chromatography (GL.C) can be used in Arkas.

In full paper, we will discuss, aim, principle, method, types and uses of advanced and in modem techniques like HPTLC, AAS, GLC, which can be successfully used in standardization of ISM drug.

PP II.6

CRYSTALLOGRAPHIC PROFILES AND BOTANICAL STANDARDIZATION OF PHYTO-DRUGS.

S. AMERJOTHY
PRESIDENCY COLLEGE, CHENNAI-600 005.

Detection and prevention of adulteration and maintenance of quality control of the herbal drugs have assumed primary exigence in the context of global level revival of trends towards

AMUDHAKALASAM SIDDHA LITERARY RESEARCH CENTRE

the herbal-based indigenous formulations. Morphological manifestation and microscopic (anatomical) features are the customary botanical techniques employed for authenticating the identity of crude herbal drugs. Of several ergastic deposits in plant tissues, the calcium oxalate crystals exemplify most sublime visual impacts under the microscope. The calcium oxalate crystals are accredited with the phenomenon of pleomorphism and the physical property of birefringence under the polarized light. Further more, the morphological categories of the crystals as well as their localization in the plant tissues seem to be specific. Thus, the morphological dimensions of the calcium oxalate crystals and their specificity in relation to plant species and plant tissues offer highly reliable "botanical-finger prints" in herbal drug standardization.

The present paper highlights the application of 'polarized light microscopy' in detecting the crystallomorphic spectrum and the gamut of variation of the crystal distribution scenario among the medicinal plants. The types of crystal studied include prism, druses, polyhedral, styloids, solitary needle (acicular), bundled acicular (raphides) and microcrystals (sand-crystals). Some-new morphological categories namely, micro-rosettes, macro-rosettes and scalloped crystals have been recognized and added to the list.

Another interesting phenomenon that came into light during the present investigation is that most of the plants, which are claimed to possess therapeutic value, are invariably associated with a high deposition of calcium oxalate crystals. The elite those medicinal plants drawn from the list renowned herbals used in ISM are opted to illustrate the crystal specificity in relation to drug identity and adulteration.

PP II.7

STUDIES ON ENDOPHYTIC ISOLATES OF *BOTRYODIPLODIA THEOBROMAE* PAT. FROM MEDICINAL PLANT

P. ARUMUGAM G.KATHIRAVAN V. BHUVANESWARI J. MUTHUMARY
University of Madras, Guindy Campus,

Botryodiplodia is an important and ubiquitous fungus, belonging to the member of Sphaeropsidales of the group Coelomycetes. B. theobromae is a well known endophytic

AMUDHAKALASAM SIDDHA LITERARY RESEARCH CENTRE

fungus and associated with numerous diseases and its wide distribution in both geographically and on numerous host plant. The antibiotic such as *Botryodiplaodin* from B.theomae had proven for its wide range of antimicrobial activity. In the present investigation, five different isolates of B. theobromae Pat. were selected and isolated as endophytes from the stem, leaves and root of medicinal plants, namely , Adathoda vasica Nees., Abrus precatorius Linn., Euphorbia hirta Linn., Terminalia bellerica Linn. and *Pogostemon patchoauli* Hook.f. To determine the cultural characteristics of five different endophytic isolates ofB. theobromae under different media (PDA, PCA, PJA, OMA and CDA) and different photoperiod condition (24h light, 24h dark, 12/12h light and dark), the isolates were cultured and the colony was grown up to spread in the full petri plates at room temperature. Considerable variation in the colonization and pyenidial characters including colony colour, growth rate (at maximum 24h L in PDA medium and minimum 24h D in CDA medium), pigment production, complexity of pyenidia and setae were noticed. The biochemical analyses of total sugar, total protein and total amino acid were carried out to estimate the nutritive value of the fungi. The amount of sugar and protein content were more in cellular when compared to that of the exocellular. The results will be discussed in detail.

PP II.8

"A LITERARY REVIEW OF THIRIPALA CHOORANAM"

S.SHANTI
Govt Hospital, Erode Head Quarters,Erode.

To analyse the topic ofThripala chooranam which is a well known indigenous drug. Capable of preventing the ageing process and its related signs and symptoms, and to get the standardisation of the same.

INGREDIENTS OF THIRIPALA CHOORANAM :

1. KADUKKAI - *Terminallia Chebula*
2. THANRIKKA - *Terminalia Bellirica*
3. NELLIKAI - *Phylanthus emblica*

AMUDHAKALASAM SIDDHA LITERARY RESEARCH CENTRE

In general equal parts of these three ingredients are used to cure some diseases with various indication but the different literary review reveals that under the name of thiripala chooranam various diseases can be cured with various indications, with different ratios of these three ingredients.

So it is to be critically analysed the subject for the stantardization of ISM Drugs.

PP II.9

STANDARDISATION AND UNIFORMITY OF ISM DRUGS

ASIF ANSARI WAHABUR REHMAN
Deptt. of Ilmul Advia, Govt. Nizamia Tibbi College, Hydrabad.

Over the years, and with method of analysis continuously improving, the quality of plant drugs used in the allopathic system of medicine has become very well established and standard covering authenticity, general quality and purity and assay active constituents may be found in all the principal pharmacopoeias. The situation regarding the quality of numerous herbal drugs used in ISM, however by no mean so well established to meet this requirement 'Official reference monographs for individual drugs are required. There are a number of standards, numerical in nature which can be applied to the evaluation of crude drugs. The crude drug which enters the commercial market should be evaluated for its identification, determination of quality, purity, if adulterated, the nature of adulterants. Plant growth and development and quality of secondary metabolites are effected by temperature rainfall, aspect, length of day and altitude. These effects should be studied by growing particular plants in different climatic areas and observing variations, by this we are able to maintain uniformity of drugs and can be cultivated for desired character. The season, age and time (day/night) at which drug is collected also plays important role to maintain the uniformity of drugs and sometimes the nature of active constituent. Drying of drugs should also be studied whether drug is to be dried slow or fast as it affects aroma and colour of various drugs.The storage of drug should be undertaken considerably as the moisture content, temperature, light and presence of oxygen play important role to drug deterioration. The detail will be discussed in full length paper.

AMUDHAKALASAM SIDDHA LITERARY RESEARCH CENTRE

PP II.10

BRAIN DETERIORATION IN AGED RATS - EFFICACY OF *CENTELLA ASIATICA*

M.SUBATHRA C.PANNEERSELVAM

Dr.ALMPG Institute of Basic Medical Sciences,
University of Madras, Taramani, Chennai - 600 113.

Aging is a complex biological process that leads to the gradual loss of the ability of an individual to maintain homeostasis. The aged people are more prone to various pathological conditions such as Brain dysfunction. Immuno dysfunction. Cataract, Cardiovascular disease, Diabetes mellitus. Cancer etc., due to free radical generation which is thought to be the possible mechanism for macromolecular damage in aged condition. We tried out to study the antioxidant property of Centella asiatica on single strand breakages in DNA by comet assay and lipid peroxidation, protein carbonyls in brain. Extract of Centella asiatica was orally administered for a period of 60 days. 24 hours after last administration, animals were sacrificed, brain was removed, discrete regions were separated and analysed for single strand breaks in DNA and lipid peroxidation, protein carbonyls in tissues. Aged rats demonstrated DNA strand breaks and increased lipid peroxidation, protein carbonyls (greater extent especially in cortex, striatum and hippocampus). Animals were treated with Centella asiatica, the DNA single strand breaks were minimized and the level of lipid peroxidation, protein carbonyls were decreased. These findings suggest that Centella asiatica could be effective in restricting the DNA damage and lowering of Lipid peroxidation. Protien carbons is thereby proving its antioxidant potentiality.

PP II.11

WHO GUIDELINES ON STANDARDIZATION OF MEDICINAL PLANT MATERIALS

R. SUBRAMANIAN

Blo-informatics Centre for Medicinal Plants,
VHERDS, Chennai-600024,

Several plant materials are used as home-remedies; products, bulk materials for the pharmaceutical Industry in developed and developing countries. Herbal products have

AMUDHAKALASAM SIDDHA LITERARY RESEARCH CENTRE

substantial global market. It Is therefore Important to establish International guidelines for quality. WHO Assembly, Geneva in resolutions in 1978, 1987 and 1989 has emphasized the need for quality control by using modern control techniques. In addition to test methods limits of various contaminants at toxic levels forms a part of quality control.

The analysis of medicinal plant materials is by using recent chemistry of various chromatographic methods and spectro-photometric methods.

These types of quality control and standardization is to ensure safety and efficacy of herbal medicines used in the health care systems of countries: to provide research criteria for evaluating the safety and efficacy of herbal medicines and to provide a basis for states to develop their own research guidelines for study of herbal medicines; facilitates the exchange of research experience and other information so that reliable data for validation of herbal medicines be accumulated.

19 parameters were suggested by WHO as part of standardization and quality control. These will be presented In detail.

PP II.12

MICROMORPHOLOGICAL STUDIES ON VENPOOSANI

P. BRINDHA A. SARASWATHY

Captain Srinivasa Murti Drug Research Institute For Ayurveda, (CCRAS) Chennai-600 106.

"Venpoosani" is botanically equated as Benincasa hispida Cogn belonging to Cucurbitaceae. Fruits enter in rasayana preparations in Ayurveda and also finds use in Siddha system. The plant drug has been used as food and medicine for thousands of years in the orient.

In studies in rats Benincasa hispida Cogn. Juice increased urine volume, reduced the degree of pathological change in the kidney caused by mercuric chloride, and significantly decreased blood serum creatinine content. Histopathology shows that both the total aminoacids and cucurbitacin from this drug had significant protective and blocking effects on the kidney damage caused by mercuric chloride.

AMUDHAKALASAM SIDDHA LITERARY RESEARCH CENTRE

Whole plant yields arginine a diuretic agent and phytosterol. It lowers cholesterol in the blood, effective in treating all forms of prostititis, suppresses carcinogenesis. and used in treatment of benign prostatic hypertrophy.

As there is no record of micromorphological work on such a potential Siddha drug, present work is taken up. Free hand sections are taken of the fruits and leaves, double stained, salient microscopic features observed. Photographs and drawings were made. Attempts are made for histochemical localization of the terpenes and proteins. Data evolved will be discussed in detail, which can contribute significantly to the standardization of this rasayana drug.

PP II.13

POWDER MICROSCOPY OF AMUKKARA CHOORNAM

P. BRINDHA A. SARASWATHY, S. MAGESWARI.
Captain Srinivasa Murti Drug Research Institute For Ayurveda,
(CCRAS) Chennai-600 106.

Siddha is not only a system of medicine but also represents a way of healthy living. Such a renowned system is lacking standards, which makes the system unpopular and unscientific. Attempts ate already made to laydown standards for single drugs. In the present study scientific method of detecting single drugs in a compound formulation is made which will help us in deciding the genuiness of the preparation and to check that ingredients added are authentic in the preparation, which in turn will ensure standard preparations for suffering mankind.

A select common drugs used in Amukkura Choornam a rejuvenate drug as cloves, Cinnamom bud. Cardamom, Black pepper, Long pepper, Dry ginger, Withania root and Cane sugar are taken up and their powder microscopic features are presented and discussed.

Such investigations will help in improving -and maintaining the standards of Siddha drugs which will promote global acceptance and reputation of the system.

AMUDHAKALASAM SIDDHA LITERARY RESEARCH CENTRE

PP II.114

MICROMORPHOLOGICAL STANDARDIZATION OF PHYLLAATHUS MADERASPATENSIS LINN

P. Brindha A. Saraswathy R. Vijayalakshmi

Captain Srinivasa Murti Drug Research 'Institute For Ayurveda
(CCRAS), Chennai-600 106

Phyllanthus maderaspatensis Linn. (Melanelli) belonging to family Euphorbiaceae. It is a traditional drug and finds extensive use as 'KEELANELLI'. Euphorbiaceae are generally rich in alkaloids. Alkaloids are known for their high therapeutic potential. In the present paper the drug is studied from standardization point of view. Micro morphological data evolved in the present study will help in authenticating the drug sold in raw drug market as dry pieces of leaf or stem.

Standard features evolved are:-

1. Lamina palisade cells single layered.
2. Anisocytic type of stomata.
3. Druses present in the root.
4. Scleroids present in the stem.
5. Presence of uniseriate rays.
6. Vessels spiral and pitted with tails.
7. Fibres thin wall and broad lumen.
8. Starch grains upto 40㎛ in size.

Such studies will contribute in enriching the pharmacopoeia of India, by contributing internationally accepted microscopic standards for this valuable herbal drug. Such studies will promote global acceptance and international recognition for traditional system as good quality drugs will be used in their formulations with the help of such data.

AMUDHAKALASAM SIDDHA LITERARY RESEARCH CENTRE

PP II.15

HEPATOPROTECTIVE ACTIVITY OF *CORALLOCARPUS EPIGAEUS* (ROTTL & WILLD) CLARKE IN CCl_4 INDUCED LIVER DAMAGE

S.TAMIZHARASI S.VENKATARAMAN
Dept. of Pharmacology & Env. Toxicology, Dr. ALMPGIBMS,
University of Madras, Taramani, Chennai - 600 113.

Corallocarpus epigaeus (Fam: Cucurbitaceae) is commonly known as "Akashgaddah" in Hindi, "Akashagarudan" in Tamil and Malayalam .Tubers of this plant are used in Ayurveda, Sidha and folk medicine for the treatment of chronic rheumatism and cancer. In the present study the hepatoprotective activity of methanolic extract of tubers of Corallocarpus epigaeus (MECE) in CCl_4 induced liver injury was evaluated. Administration of MECE (60 mg/kg/p.o/ day) in CCl_4 challenged rats for 25 days showed significant, reversal of the biochemical parameters like serum GOT, GPT, ALP, LDH, total bilirubin, direct bilirubin, liver LPO levels when compared with CCl_4 challenged animals. Na^+K^+ ATPase ($P<0.001$) activity of liver was significantly increased in MECE treated animals when compared to CCl_4 challenged control. The present biochemical indices of liver marker enzymes confirms the hepatoprotective activity of the MECE in CCl_4 induced heapatic injury in rats.

PP II.16

STANDARDISATION OF CHURNA KALAPANA W.S.R. TO SITOPALADI CHURNA

G. GANGADHARAM SHREEVATTSA T. NARESH M.S. DODDAMANI
Dept of P.G. Studies in Rasasasthra & Bhaisajya Kalpana,
Taranath Govt. Ayurvedic Medical College, Bellary - 583 101, Karnataka.

Churna Kalpana is basic Kalpana of Bhaishaya Kalpana mentioned by Sushruta. It is widely used in practice. But shelf-life of churna is only two months (sh. Sam). Sitopaladi churna is widely used in Kapha disorders. So need come to standarize the churna Kalpana.

Following steps should be required for Standardisation of churna Kalpana.

> Standardisatlon of crude drug

> Standardisatlon of process

AMUDHAKALASAM SIDDHA LITERARY RESEARCH CENTRE

> Standardisation of finished products

> Standardisation of Preservative technique.

Sitopaladi churna contains 16 parts sita, 8 parts Vanshlochan, 4 parts pippali, 2 parts Ela and 1 part Tvak.

The churna has been evaluated by employing various parameters like ash values, extract value, loss on drying and volatile oil content. Various thin layer chromotography patterns have been evolved using volatile oil & methanol extract of churna & individual drugs.

Details will be furnished in full paper.

PP II.17

CAN PHYCOCYANIN BE EFFECTIVE AGAINST KIDNEY STONE FORMATION ? A STUDY IN UROLITHIC RATS

S. MUHAMMED FAROOQ D. ASOKAN P. VARALAKSHMI
Dept. of Medical Biochemistry, Institute of Basic Medical Sciences,
University of Madras, Taramani, Chennai - 113,India.

Kidney stone disease is a multifaceted process and it requires a number of events including cell injury, urine supersaturation, microcrystal formation, growth and maturation of the kidney stone. Among these, tissue injury is a major predisposing factor for calcium oxalate stone disease. Spirulina is a blue a green algae, gaining increasing attention because of its nutritional and medicinal proterties. This micro-algae contains phycocyanin. Phycocyanin, a known antioxidant has been given as pretreatment in hyperoxaluric rats to examine its efficacy in preventing the tissue injury and calcium oxalate retention.The analyses of urinary marker enzymes (ALP, ACP and r GT), urinary risk factors (oxalate, calcium and protein) and calcium oxalate retention studied by polaroid microscope have revealed that the marked elevation of the above parameters in hyperoxaluric rats, were found to be within normal limits in drug pretreated groups, suggesting its potential efficacy in preventing the oxidative stress mediated urolithiasis/stone formation.

AMUDHAKALASAM SIDDHA LITERARY RESEARCH CENTRE

SESSION - III

PP III.1

STUDIES ON ANTI-BACTERIAL ACTIVITY OF DIFFERENT EXTRACTS OF *CASSIA FISTULA* LEAVES

GOBIANAND K VICTOR RAJA MOHAN. C. PRADEEP K. KARTHIKEYAN .S.
Dr. ALM P.G. Inst. of Basic Medical Sciences, University of Madras,
Taramani, Chennai - 600 113. India.

Plant derived drugs has served as a prototype to develop more effective and less toxic medicines. Great interest in the use and in the importance of Indian medical plants has been developed to establish the relationship between chemical, biological and therapeutic activities of folklore medicine. In recent years, there has been a growing interest to evaluate plants possesing anti-bacterial activity. A number of studies have been reported dealing with anti-bacterial screening of extracts of medicinal plants. Cassia fistula is a tree (Commonly called "Konrai" in Tamil) growing from 20 to 40 feet height and different parts of this plant has been used for the treatment of ulcer, rheumatism etc., This plant has been used in Siddha medicinal practice over several decades to treat many human ailments. For eg., the leaves of this plant are said to be effective antipyretic and purgative agents. Studies regarding the anti-bacterial activitity of the methanol, ethanol, chloroform, petroleum ether and water extracts derived from the leaves of Cassia fistula are scanty. Hence, in this study, the anti-bacterial activity of the above extracts has been made, using different species of pathogenic bacteria by applying disc diffusion method. The efficacy of anti-bacterial activity has been compared with the standard anti-bacterial allopathic drugs. The results of this investigation will be presented and discussed.

AMUDHAKALASAM SIDDHA LITERARY RESEARCH CENTRE

PP III.2

IMPACT OF *ASPARAGUS RACEMOSUS* ON SURVIVAL, GROWTH AND REPRODUCTION IN THE BRINE SHRIMP *ARTEMIA PARTHENOGENETICA*

***C.S. MONY **C. SUSEELA B-AI, ***N. CHELLATHURAI ****M. PETER MARIAN J.**
*Dept of Zoology, Pioneer Kumaraswamy College, Nagercoil- 629003 Kanyakumari District, Tamil Nadu, S. India. **Dept. of Botany, Women's Christian College, Nagercoil - 629001, Kanyakumari District, Tamil Nadu, S. India. ***Govt. P.H.C., Ponpethi, Puthukottai District, Tamil Nadu, S. India. ****Marine Biotechnology Division, Institute for Coastal Area studies, M.S. University, Rajakamangalam-629 502, Tamil Nadu, South India

In the present investigation the impact of the different concentrations of the herbal product Asparagus racemosus on survival, growth and reproduction of the brine shrimp. A. parthenogenetica was studied. Along with the basic feed rice bran and bermuda grass powder (Cynodon dactylon) the medicinal plant product Asparagus racemosus was given as supplementary* feed to A. parthenogenetica. Six different concentrations of the product such as 0.2, 0.4, 0.6, 0.8, 1.0 and 1.5 mg/100ml/day was given to the experimental animals. The maximum growth (11.58 ± 0.084mm) and survival (63.20 ± 4.382%) were noticed on the 30th day in the cultures of Artemia receiving Asparagus at a concentration of 0.6mg/100ml/day. Effect of A racemosus on Larval, Juvenile and Adult periods and total life-span, was found significant. Moreover observations were made on the influence of A. racemosus on the reproductive phases of A. parthenogentica such as maturation period, pre-reproductive period, Gestation period, reproductive period and post-reproductive periods. A. racemosus at a concentration of 0.6mg/ lOOml/day was very effective and reduced the time requirement for the development of ovary (18.4 ± 0.55days). But.in the control group ovary development was very slow (28.80 ± 1.30 days). The experimental animals fed with A racemosus at 0.2mg/100ml/day dose released maximum number of broods (10.60 ± 1.14) and had their interbrood duration (3.79 ± 0.71 days) was found reduced. The individuals fed with 0.6mg/ 100ml/day released maximum number of offsprings (571.0 ± 45.06) and more number of offsprings per brood (77.16 ± 2.13). In the control group the number was 43.26 ± 2.45. The impact of the herbal product A racemosus as feed supplement in the culture of brine shrimp A. parthenogenetica was discussed.

AMUDHAKALASAM SIDDHA LITERARY RESEARCH CENTRE

PP III.3

THE INHIBITORY EFFECT OF PACLITAXEL ALONG WITH *TINOSPORA CORDIFOLIA* ON HUMAN BREAST CANCER CELL CULTURE

M SANIMATHI *NALINI RAMAMURTHY D. SAKTHISEKARAN
Department of Medical Biochemistry, Dr. ALM Post Graduate Institute of Basic Medical Science, University of Madras, Taramani, Chennai — 600 113, India.
*Department of Virology, King Institute of Preventive Medicine, Guindy, Chennai - 600 032, India.

Breast cancer is the most common malignancy affecting female population, representing 26-28% of their cancer and approximately 19% of breast cancer related deaths. Tissue culture serves as valuable models to study the factors involved in cancer and many clinical trials are based in experimental results. In the present study the inhibitory effect of paclitaxel along with T. cordifolia stem extract on human breast . cancer (MCF-7) cell cultures have been studied. Different dose of paclitaxel and T. cordifolia have been tested on MCF-7 cells. The ability of paclitaxel along with T. cordifolia to induce apoptotic cell death is investigated through various parameters such as, changes in cell morphology, cell viability, cell proliferation and DNA fragmentation were studied. Paclitaxel significantly inhibits the growth and increases the mortality of MCF-7 cells. Combination of paclitaxel and T. cordifolia. further potentiates the growth inhibitory effect of paclitaxel.

PP III.4

LINALOOL - AN ANTIMUSCARINIC MONOTERPENE FROM *OCIMUM BASILICUM* LINN.

A.MURALIDHARAN R. DHANANJAYAN
Department of Pharmacology and Environmental Toxicology,
Dr. ALMPGIBMS,Taramani, Chennai-113.

Linalool is a monoterpene reported to be a major component of essential oils in various aromatic species. Several linalool producing species are used in traditional system of medicines including *Ocimum basilicum* Linn(Labiatae) to treat various diseases.In Isolated perfused Rat colon (Smooth muscle) and Frog Rectus abdominis (Skeletal muscle) studies, eventhough linalool by itself did not produce any contraction , it significantly .blocked the

AMUDHAKALASAM SIDDHA LITERARY RESEARCH CENTRE

Acetylcholine induced contraction on Rat colon. However, it did not block the contraction produced by Acetylcholine on Frog rectus abdominis. Muscarinic and Nicotinic receptors were involved in the acetylcholine induced contraction on smooth muscle and skeletal muscle respectively. Since Linalool blocked only the Acetylcholine induced contractions on smooth muscle, one may easily surmise that it could have exerted the antagonistic action by binding to muscarinic receptors.

PP III.5

STANDARDISATION OF UNANI DRUG SUDAB

***HAMEED S.S **(LATE) KHAN .H.R. ***HUSSAIN.S**
*Dept. of Ilmul Advia (Pharmacology), Govt. Unani Medical College,Chennai.
**P.G.DepL ofJImul Advia,(Pharmacology), Govt.Nizamia Tibbi College,Hyderabad.
***Indian Institute of Chemical Technology(IICT) Habsiguda, Hyderabad

Sudab is well known herb being used in the Unani system of medicine from ancient times. It is widely used for its abortificient, emmenagogue, anti-spasmodic, stomachic, carminative, anthelmintic, analgesic, anti-inflammatory, anti-epileptic activities.

Pharma cological studies have proved its anthelmintic, abortificient, analgesic and anti-spasmodic properties.

The source drugs for Sudab have been botanically identified as Rutagraveolens, R chalepensis andR.angustifolia .(rutaceae). However & R. chelepensis is the main drug used in India and its agrees with the description of Sudab given in the Unani Literature.

The various morphological physico -chemical and phyto-chemical parameters in the standardization of Sudab will be discussed.

PP III.6

ANTIFUNGAL ACTIVITY OF *ECLIPTA ALBA*

S. VENKATESAN SANKAR *RAVI
PSG College of Pharmacy, Coimbatore - 641 004. India.
* SB College of Pharmacy, Sivakasi - 626130, India.

The in vitro antifugal activity of Eclipta alba (whole plant) extracts has been investigated

AMUDHAKALASAM SIDDHA LITERARY RESEARCH CENTRE

against Candida tropicalis, Rhodotorula glutinis and Candida albicans. All four extracts (petroleum ether (60-80°c), chloroform, acetone, and ethanol (95%,) showed significant growth inhibition of C. tropicalis, R. glutinis and C. albicans. The degree of growth inhibition ranged from 10mm to 19mm against test fungi and was comparable with amphotericin B and nystatin, the standard antibiotics employed. The inhibitoiy effects of extracts are very similar to those of standard antibiotics used.

PP III.7

LEARNING AND MEMORY ENHANCING EFFECT OF OIL OF *CELASTRUS PANNICULATUS* A PRELIMINARY STUDY

SHOBITHA M SUTHANTHIRARAJAN N.S

Dept. of Physiology, Dr.A.L.M.P.G.I.B.M.S, University of Madras, Taramani, Chennai 113.

The effect of the drug Celastrus oil on learning and memory and its effect on motor and autonomic nervours system of rats were studied using T-MAZE and Open Field tests. Wister Strain Albino rats weighing 180-200 gm were selected. The rats were administered with oil of Celastrus paniculatus lmg/100gm of body weight intraperitoneally for 30 days and the effect noted on 31st day The same parameters were investigated after 30 days to see the effect of withdrawal of drug and withdrawal of exposure to the behavioural tests. The result showed an improvement in spatial learning performance and in Open Field behavior. The extent of learning and memory changes will discussed.

PP III.8

BIO-CHEMICAL STUDY OF SAANTHA SANTRODAYA PILL TO PROVE ITS EFFICACY IN CONTROL OF PYREXIA

B.SUGANTHI

Govt Dt. H.Q. Hospital, Kumbakonam

This paper is aimed to prove the biochemical action of saantha Santrodaya pill in human to control pyrexia. The biochemical action of each of its constituents are studied and also compared with the action of those constituents as told by Siddhars.

AMUDHAKALASAM SIDDHA LITERARY RESEARCH CENTRE

The cumulative effect of the ingredients in Saantha Santrodaya pills (Curcuma longa Vengaaram, puraam. Lemon juice) are found to stimulate the release of the enzyme CHOLECYSTOKININ which plays a major role in release of bile and pancreatic enzyme to aid proper fat digestion and absorption, the metabolism which when impaired results in putrifaction of food particles and pyrexia due to infection from the purified matter.

Siddha textual correlation is also given then and there to prove the action of this drug.

PP III.9

CHEMICAL STANDARDISATION OF RASA CHENDOORAM AND LINGHA CHENDOORAM NUMBER I

ANOOP AUSTIN
Perumalpuram, Tirunelveli - 627 007, Tamil Nadu, India.

Rasa chendooram and Lingha chendooram number I are mercurial preparations used widely for various ailments. Standardisation in terms of mercury and sulphur are carried out in maintaining the quality and uniformity of these drugs. Contents of mercury and sulphur are high in Rasa Cendooram and the results are discussed in this paper.

PP III.10

SCOPE OF INDIAN HERBS & ISM CONCEPTS IN THE EMERGING FIELD OF NUTRACEUTICALS.

CHARUSHEELA
Dept of DG / Agad, SJSAC, Chennai - 602 108.

The taste are based on substances that are taken as food, these food are also drugs (dravyas). These of plant origin, animal origin & mineral origin. In these presentation an attempt is made to provide valuable knowledge regarding die & its utility, which can be contributed in education of Nutrition concern to selection, production, consumption etc of food & which can be modified relevantly. And Hence contribute in upgrading the field of Nutraceuticals which will bring prosperity in health of an individual and economy of our nation and also in other countries. The Presentation will highlight following topics - Fundamentals principle of Ahara,

AMUDHAKALASAM SIDDHA LITERARY RESEARCH CENTRE

its classification, Utility, application & list of someherbs.

PP III.11

ANTIBIOTICS AND SIDDHA MEDICINE

N. MUTHUKRISHNAVENI K. NATARAJAN
Chennai.

Siddha system of medicine is based on "Mukkutram" (Vatham, Pitham and Kapam). If the ratio of Vatham, Pitham and Kapam is maintained in their natural ratio of I:1/2:1/4 , the person will resist any disease since his immunity is maintained. The aim of Siddha System is to bring back the immunity' by alleviating the symptoms manifested and thereby to regain the immunity.

If the symptoms of disease are relieved, the "Mukkutram" will come to its normal state. The atmosphere in the body is thus changed. Due to the changed atmosphere in the body, the organisms causing the disease cannot thrive in the body. Either they will be eliminated or destroyed. Hence separate antibiotic drugs need not be administered.

But, in Siddha System, there are single and compound drugs in herbs. metals, mercury and its compounds and arsenic and its compounds which are capable of inhibiting the growth of disease causing micro organisms. It has been explained by foreign doctors regarding the efficiency of gold and arsenic in the treatment of tuberculosis and syphilis.

The above subject is elaborately dealt with in the main article

PP III.12

PHYLLANTHUS EMBLICA - A POTENT ANTI OXIDANT

S. SHANTHI
Govt. H.Q. Hospital, Erode.

Phyllanthus emblica is considered as one of the tremendous gifts to our Indian system of medicine Man seeks rejuvenation mainly with the object of activating sexual vigours and women to maintain their youthful beauty. *Phyllanthus emblica* contain abundant supply of Vitamin- C its anti oxidant property is very valuable in preventing ageing and maintaining

AMUDHAKALASAM SIDDHA LITERARY RESEARCH CENTRE

strength during old age. It improves the body Resistance and protect against infections. Accmulation of free radicals with the age has been traced to a decrease the in activity of anti oxidant enzymes. These free radicals are strong un paired electrorns and thus have strong oxidising tendency. The ascorbic acid in *Phyllanthus emblica* works as an anti oxidant by combating cell damage and helps to keep our immune system in tune.

Details will be dealt in full paper.

PP III.13

A SCOPE FOR ANTIVIRAL DRUGS IN SIDDHA SYSTEM OF MEDICINE

K. ANBARASU
Govt. Hospital, Mannachanallur,
Trichy Dist.

In the competing world of science, we the Siddha physicians have to update our medicine to the global level. We should explore our siddha literature to bringout the treasures in Medicine Form. In that way some of the literary reviews which are going to be expalined in this article may open a new window of the Siddha System to the global exposure.

It is a wonder that our ancient siddhars mentioned about the vaccine technology for Vaisoori (Rubella, Varicella etc) what the method nowadays we are practicing in modern Science.

In Yakob Vaithya Sinthamani 700, Yakob says,

"மாமா யோடிவிடும் அம்மைபாலைத்
தெரிந்தெடுத்து அம்மையிலா பேர்க்குப் போட
திரும்பி அம்மை வார்க்காது செகத்தின்மீது" பாடல் 634

Then Veeramamuni Vaithya Sigamani, Veeramamuni Says,

"பிள்ளையது பிறந்தவுட னதன் வயிற்றில்
பிறங்கிடு நாபிக் கொடியை யறுக்கும்போது
விள்குமந்த மதலையை குப்புறவே வீழ்த்த
விறும்பியத் திட்ட விடந் தன்னிலிரத்தம்

AMUDHAKALASAM SIDDHA LITERARY RESEARCH CENTRE

உள்சிலதுளி சுரக்கும் நவச் சாரத்தை

டன்பொடித்தவ் விடத்தினில் வைத்தூதி விட்டால்

கொள்ளைகொள்ளு மம்மை யென்ற பிணிவராது

குவலயத்திற் சாகுமட்டுங் குறித்துக் காணே" பாடல் 8

These are wonderful methods already mentioned as Vaccines for Vaisoori.

For Jaundice so many types of medicines are practiced by the Vaidyars all over Tamilnadu. Through "Rana Vaidya Chikitichai" one method was in practice around Rajapalayam in Virudunagar Dt. The People who under gone that treatment never affected by jaundice again in their lifetime. But now the treatment is not in Vogue. One of the scripts given by a Vaidyar to me has the method of the Rana vaidhya chikitchai which is similar to the practice followed around Pajapalayam.

The Script is

"சேராதே யின்னு மஞ்சட் காமாலைக்குச்

செவ்வாய் நாள் அருக்கன் நாளிரண்டி லொன்றில்

கூறாதே தைவேளை மாவிலிங்கை யொன்றில்

கொடுதீபம் நமசிவாய நசிநசி என்றே

தான்பரித்தே யிலைபறித்துக் கசக்கிக் கொண்டு

பருந்துட்டு அல்லவென்றா லதுபோல ஓடு

மூராதே பெண்களுக்கு வலக்கையில் கட்டு

வேகமுள்ள ஆண்பிள்ளைக்கு இடக்கையில் கட்டே

கட்டுவது தோளுக்கும் முழங்கைக்கும் நடுவே

கரிவேல நரம்பிருக்கு மதின்மேட்ல கட்டு

துட்டுதனை பச்சிலைமேல் வைத்துக் கட்டு

துடித்திடுவான் மறுநாளில் விழ்த்துப் போடு

எட்டிரண்டு நாள்வரையும் விளக்கெண்ணெய் மஞ்சள்

எய்யாமல் குழைத்தந்த புண்ணில் போடு

கட்டிவிடுங் காமாலை தீர்ந்து போகும்

கரப்பானுள்ள பதார்த்தமல் லாங்சமையாய் கூட்டே"

AMUDHAKALASAM SIDDHA LITERARY RESEARCH CENTRE

A Photograph of a person's hand who undergone this treatment is given in Plante No. 1.

An another prescription which was mentioned in "Vaidhya Kannadi" for dog bite which may be tried for rabies. That prescription that says,

தானென்ற பேய்நரி நாய் கடித்ததானால்
தழைத்த மணத்தக்காளி சாரப்பா
பாலனென்ற படிக்கால்தான் கொடுப்பாயப்பா
பாங்காக மூன்றுநா ளாறுவேளை
கோனென்ற பத்தியந் தானுப் பாகாது
குணமாகு மேழாநாள் நீரைவாறு
போனன்ற பேய்நரி நாய்கடிதான் தீரும்
விதமாகுமிதம் தழையை மேலே பூசு

By exploration of the Siddha literatures we can find out such medicines for dangerous diseases. Such medicines have to be proved as per the scientific parameters. By such Methods we can prove the capability of Siddha drugs for antiviral therapy.

PP III.14

ETHNO VETERINARY MEDICINE (EVM): USE OF FRESH HERBAL EXTRACTS UNDER FIELD CONDITIONS FOR PRIMARY VETERINARY HEALTH CARE

PUNNIAMURTHY,
Veterinary University Training and Research Centre,
Tamilnadu Veterinary and Animal Sciences Unlversity.
THANJAVUR 613 006, India.

Use of indigenous / traditional veterinary medicine is a cost effective treatment alternative for livestock farmers who maintain only a few heads of livestock, especially in primary health care for sustainable livestock production Ethno Veterinary Medicine (EVM) includes the indigenous be!iefs, knowledge skills, methods and practices pertaining to the health care of animals. Many of the EVM practices and preparations are apparently time tested, readily available location specific and are environment friendly, making the poor livestock farmer.' 'dependable on them. Ethno veterinary practices are widely accepted globally as complementary tò the existing modern practices. The indigenous treatments for various diseases and ailments of livestock are documented through interdisciplinary collaboration with the government and non-govemmental O'ganizations. Farmers are also trained on

AMUDHAKALASAM SIDDHA LITERARY RESEARCH CENTRE

basic sanitation and hygiene and inidentifying and handling drugs of plant origin. The documentation/ validation of indigenous remedies for diseases and conditions affecting livestock is being carried out by the centre, especially for those that do not require complicated diagnostic procedures such as simple gastro intestinal disturbances, bloat, wounds, reproductive and bladder disorders, intestinal worms, coccidiosis, ectoparasites, etc Home gardens for medicinal plants empower local farming community, especially women to contribute to their own development. The paper discusses on the strategies for validation of EVM, along with some functional remedies tried by the centre under field conditions for primary veterinary health care.

PP III.15

MEDICINAL PLANTS USED IN UNANI SYSTEM OF MEDICINE AND ITS DISTRIBUTION IN DINDIGUL FOREST DIVISION - TAMIL NADU

MURUGESWARAN R GOWHER SULTANA
Regional Research Institute of Unani Medicine, - Chennai

The present paper deals with the medicinally important plants used in Indigenous system of Medicine with particular reference to Unani system of Medicine and its distribution in Dindigul forest division, Tamil Nadu. An enumeration of species, genera and families of all important medicinal plants are of, collected and the data such as habit vernacular Name (Tamil), Unani Name. frequency and medicinal uses are discussed. Some of the important species among them are AMALTAS *(Cassia fistula L.)* BHUI AMMLA *(Phyllanthus amaras schum & Thonn)* CHIRONJI *(Buchanania lanzan spreng.)* GURMARBUTTI *(Gymnema sylverstre R. Br)* HALILA *(Terminalia chebuia Retz.)* SATAWAR *(Asparagus racemosus wilid.)* etc. The details of the forest areas, ranges are also given.

PP III.16

POTENTIAL OF ASCORBIC ACID AS A MEMORY-ENHANCER

MILIND PARLE DINESH DHINGRA
Pharmacology Division, Dept. Pharmaceutical Sciences, Post Box -38,
Guru Jambheshwar University, HISAR-125001 (Haiyana), INDIA.

Alzheimer's disease is a progressive neurodegenerative disorder characterized by a gradual decline in memory. The occurrence of Alzheimer's disease is commonplace in In-

AMUDHAKALASAM SIDDHA LITERARY RESEARCH CENTRE

dian population, particularly among senior citizens. A balanced diet supplemented with a suitable nutraceutical might prove to be helpful in alleviating various kinds of dementia. Citrus fruits form a rich source of vitamin-C.

Objective'. Present study was undertaken to assess the potential of ascorbic acid (VITAMIN-C) as a memory-enhancer.

Methodology, Swiss mice of either sex (younger ones, aged - 3 months and older ones aged - 7 months) were used.

Drugs: Ascortoic add {Hi media), Diazepam (Ranbaxy), Scopolamine (Sigma), Piracetam (UCB Chemicals)

Laboratory models'. A] Exteroceptive behaviorel model: Elevated plus maze B) Interoceptive behavic~l models: 1) Diazepam-induced amnesia and II) Scopolamine-induced amnesia. Ascorbic acid (60 and 120 mg/kg) was administered daily for - 3 and - 8 consecutive days to young and aged mice to determine its effect on learning and memory per se. The results were compared with piracetam (200 and 400 mg/ kg), an established nootroppicagent.

Results: Ascorbic acid (60 mg/kg) injected for 3 consecutive days improved teaming and memory significantly in aged mice as indicated by decreased transfer latency (TL). Furthermore, ascorbic acid reversed both, scopolamine and diazepam - induced impairment in learning and memory. Piracetam (400 mg/kg i.p.) produced similar results in above experimental models. Ascorbic acid was found to be more potent than piracetam as reflected by the smaller dose, more pronounced effect and quicker onset of action.

Conclusion: Ascorbic acid produced a powerful memory enhancing effect in older groups of animals and may prove to be a useful memory enhancer to treat various kinds of dementia seen in elderly individuals. The underlying mechanism of action of ascorbic acid may be attributed to its antioxidant property.

PP III.17

NUTRACEUTICAL AND HERBS

K.KOOTHARASAN
Govt. Primary Health Centre, Palaymputhur, Dharmapuri Dt.

Good Health starts with good nutrition. We're living in an exciting time for medical

AMUDHAKALASAM SIDDHA LITERARY RESEARCH CENTRE

breakthroughs.. The use of herbal medicines by mankind has long history. The Indian system of medicine believes in holistic approach and most plants as medicines were described during the period of 4000 B.C. and they are popular even to day. Today, doctors and scientists taking a closer look at the phenomenal health promoting benefits of foods, nutrients herbs. In fact, these discoveries led to a new category of special, targeted herbal supplements - Nutraceuticals.

Stephen de Felice, M.D., director of New York's Foundation for Innovation in Medicine, Cranford,NJ, a decade ago, coined the term nutraceuticals. Nutraceuticals are natural, substances with pharmacological properties which are used to strengthen the body's immune system. Nutraceuticals are chemicals found as natural components of foods. The These nutraceuticals,',as they're sometimes called, may help protect against some cancers, heart disease and chronic health conditions A popular process used by the nutraceutical industry is fortification of existig foods such as the enrichment of dairy products, cereals and beverages with multivitamins, minerals and herbal extracts. Siddhas have developed a longevity discipline called "karpam", something akin to more than Neutraceutical, prominently for rejuvenation Karpam serves as an anti-degenerative elixir that can cure cancer and heart diseases and is itself rejuvenation.

Currently, the terms "phytochemical" and "phytonutrient" are being used interchangeably to emphasizes the plant source of some of these health-protecting compounds. Phytonutrients, unique substances discovered in plants, have been found to have specific and powerful healing properties. Scientists are examining the antioxidant, immune boosting and other health-promoting properties of active compounds in plants. Phytonutrients or phytochemicals are terpenes, carotenoids, limonoids, and phytosterols.

The terpenes function as antioxidants, protecting lipids, blood and other body fluids from assault by free radicals. The carotenes and the xanthophylls are two distinct types of the carotenoid family. Carotenes enhance immune response and protect skin cells against UV radiation. Xanthophylls are important because they appear to protect vitamin A, vitamin E and other carotenes from oxidation.

AMUDHAKALASAM SIDDHA LITERARY RESEARCH CENTRE

PP III.18

SCOPE OF UNANI CONCEPT IN THE EMERGING FIELD OF NUTRACEUTICALS

IOBAL A. QASMI GHUFRAN AHMAD NAYEEM A. KHAN
Department of Ilmul Advia, A.K. Tibbiya College
Aligarh Muslim University, Aligarh 202 002.

Unani system of medicine is rich in its materia medical and uses more than 1000 drugs m various forms, in the management of diverse type of diseases. However all the drugs have been broadly classified into two viz. (i) Ghizae Dawai - Drugs having potent nutrient value, apart from possessing some medicinal value, (ii) Dawae Ghezai- Drugs having potent medicinal values, apart from possessing some nutrient value. Thus all drug materials used in Unani Medicine have some nutrient value. And the drugs of either group are used according to the requirement of the body in different pathological conditions.

Although, all the pharmacopoeal and proprietary drugs are being prepared in the name of drugs by the pharmaceutical divisions, many of them contains more nutrient values than the medicinal value and thus such preparations must be classified as nutraceutical. The principles of treatment described in Unani Medicine suggest that a patient should be treated either with drug or the diet or both as the degree of disease, temperament of the patient, his physical condition, age, level of tolerance etc, And a number of diseases are successfully treated with the administration of only nutraceuticals.

Some of the preparations described in pharmacopoea purely as nutraceuticals are Kaslilda, Rummania. Raibasia, Hasramia, Harira, Loboob, Nabeez etc. Similarly following the Unani principles many pharmaceutical companies are preparing some proprietary preparations such as Dimagheen, Cincara, Rooh Afza etc for dual utility, as such preparations are useful in maintaining the health of a normal person who is subjected to diverse type of stress strain atmospheric pollutants etc., on one hand and to combat the diseases of lower intensity that frequently arise due to exposure, inadequate nutrition, seasonal variations and more importantly after some illness. All such preparations are Ghizae Dawai and good nutraceuticals. Thus these nutraceuticals cover a lot of our pharmaceutical needs without producing any important side effect that is likely to develop after the administration of pure drugs. Such preparations, however, need to be classified afresh and more emphasis should be given to such preparations in order to bring them in to common practice.

This paper will deal with the classification and wide therapeutic potential of nutraceuticals used in Unani Medicine.

AMUDHAKALASAM SIDDHA LITERARY RESEARCH CENTRE

PP III.19

DOCUMENTATION (INDIGENOUS KNOWLEDGE) OF *ALOE VERA* LINN. USED BY INDEGENOUS PEOPLE (IRULAR TRIBAL COMMUNITY) IN TRICHY DISTRICT OF TAMIL NADU

K.PANNEER SELVAM M. JAVAPRAGASAM ET AL
Forest College and Research Institute, Mettupalayam 641 301.

It is estimated that about 300 million indigenous people are spread all over the world in more than 70 countries. India has 41 million tribal population and 642 communities and in Tamil Nadu there are 36 communities. A study was conducted with indigenous tribal community in Trichy district of Tamil Nadu. The Irular tribal people have been distributed in the food hills of western ghats, eastern ghats and some areas of plains in Tamil Nadu. The Irular's thrives hunting small animals, collection of NTFP, or working as labour in fields and forest nurseries. They prefer young age marriage, shift from one place to another place for food and shelter. Of the total geographical area of 328 million has in India only forest occupy only 63.72 million ha. More than 8000 species of medicinal plants identified (WTO), in India we have identified 2500 medicinal plants. Aloe vera is one of the important medicinal plants available both in wild and cultivated in the farm land in the rural areas. Aloe vera is a coarse looking potential perennial medicinal plant with a short stem, which is found in semi-wild state in many parts of our countly. To assess and study its potential medicinal value an investigation was earned out in Anyalur, Perambalur, Jeyangkonda, Sindun and Udyaipalayam areas of Trichy district, Tamil Nadu involving the Irular tribal community and other local people. It was inferred that the tribal people were using this plant from time immemorial These plants are used both externally and internally. The pulp extract when used as shampoo, acts as a coolant, controlling dandruff and hair fall and smoothen body skm. The pulp when consumed raw acts as a coolant, help to prevent constipation, relieves gastric problems, cure ulcers, uterus problems, leucorrhe, intestinal worms and eye ailments. It is believed to be an excellent panacea for jaundice and diabetes. It is also an excellent remedy for reducing obesity as well as improves body weight of the lean and emaciated. It also improves the general immunity of body against diseases and rejuvenates body tissues. There are several other medicinal plants being used by indigenous people for curing many diseases across the country. At this juncture, when every one is turning towards herbal remedies, such knowledge needs to be promoted in large scale for easy accessibility and adoptability.

AMUDHAKALASAM SIDDHA LITERARY RESEARCH CENTRE

PP III.20

PROSPECTS AND RETROSPECTS OF INDIAN HERBS IN NEUTRACEUTICALS

P. THIRUGNANASAMBANTHAM E. MAYISVREN S. ASOKAN
Rohini Global, Chennai-40.

"Food is Medicine; Medicine is Food" is the concept of Siddha and Ayurveda Systems of Medicine. Our ancestors duly followed it and led a healthy life. But today's cultural change has made a hectic change in food also. This eventually leads to several diseases. The role of Neutraceuticals in alleviating the severity and promoting health is dealt herewith. The author describes various food supplements which are gaining global importance, their benefits and marketability in South India.

PP III.21

STANDARDISATION OF INDIAN SYSTEMS' DRUGS FOR MAINTAINING THE QUALITY & UNIFORMITY

S.GOVINDARAJ
Asst. Medical Officer, Govt. Primary Health Centre, Aathanakottai, Pudukkottai-Dt.

Standardisation is something, established as a measure or model to which other similar things should confirm. In ISM drugs there is no measure or models to establish a drug standard.

Each and every preparation of ISM medicine is based on chemistry. If there is any changes in the preparation of medicine is based on chemistry. medicine, The lacuna is ancient measuring units and Raw drugs (ie)Herbs, Minerals, Metals, Organic compounds and accessories like cow dung cake, firewood (Medical herbs) utensils (Earthern vessel) versus modern equipments and measures.

The efficiency of the drug is proved By standardising its chemical content by its action on the body system of either in human or animals by its interaction with other drugs iv) by the absorption in our body by the end product after assimilation by the toxic effect of the drug. So Standardisation of Indian Herbal Drugs for Maintaining the quality & uniformity is essential which is dealt in detail.

AMUDHAKALASAM SIDDHA LITERARY RESEARCH CENTRE

GOD'S OWN HEALING SYSTEM OF MEDICINE

M. NALLATHAMBI
Govt Hospital, Mettupalayam, Coimbatore (Dt) 641 301,
Tamil Nadu, India.

God's own healing system of medicine or Siddha system of medicine owes its origin to the Dravidian Culture which is of the Pre-vedic Period, several thousands of years before the Christian Era. According to Siddha predictions, it is known to the world that Lord Siva taught the Siddha Principles and philosophies to Matha, Sri Parasakthi. After that the Siddha principles were presented to the followers of Lord Siva and Sakthi, to Siddhars, starting with Siddhar-Nantheesar, then to Siddhar Thirumoolar, Agathiyar and other disciples along with the 18 Siddhars and so on When we go through the Tamil Literature, we can see several Siddhars like Agathiyar, Tholkappiyar etc. All the Siddhars adopted the principles of Saiva Siddhantham. It is an excellent philosophical theory to human beings with holy,life. In all Siddhars, Agathiyar was considered the promineat leader with his later guru Lord Subramaniyar. From the old Siddha literature can understand that Siddhar - Agathiyar was first taught by Lord Siva, Sakthi and later by Lord Subramaniyar.

The details will be dealt in the full paper.

AMUDHAKALASAM SIDDHA LITERARY RESEARCH CENTRE

SESSION - IV

PP IV-1

POTENTIAL MEDICINAL PLANTS FOR IMMUNO PHYSIOLOGICAL DISORDERS

M.B. YELNE T.J. DENNIS P.C. SHARMA

Regional Research Institute (Ay.),
Jawaharlal Nehru Ayurvedic Medicinal Plants Garden & Herbarium
Kothrud. Pune - 411038

Ayurveda offers rasayana therapy for immune deficiency. For this, procedures of revitalization and rejuvenation were adopted even during the ancient period of Charaka. Rasayana therapy is considered to be effective in arresting ageing, increasing life span, intelligence, strength and prevention from diseases, which clearly indicates towards the strengthening of immune system. This paper based on review of nine important Ayurvedic plants presents a brief account of their main properties and uses in Ayurveda and the important research findings on these plants in the field of Chemistry, Pharmacology and therapeutics, particularly mentioning those properties which provide leads for their exploitation to treat and manage the disorders caused due to negative state of mind, immune deficiency like AIDS or physiological disorders, where the modern science lacks any suitable and effective treatment alongwith the names of important Ayurvedic preparations and formulations.

PP IV-2

BOTANY OF HOMOEOPATHIC MEDICINE - A PRELIMINARY STUDY

C CHANDRA KALA, D NARASIMHAN C LIVINGSTONE

Department of Botany, Madras Christian College (Autonomous),
Tambaram, Chennai - 600 059., India.

This study deals with 538 flowering plants commonly used in Homoeopathy that are referred in the familiar pharmacopoeias and encyclopaedias. The 538 plants studied are distributed in 121 families of which Compositae emerges as the largest that includes 43 species of medicinal importance. Leguminosae is the second largest family of pharmacological importance that contributes 35' species. Umbelliferae ranks third with 21

AMUDHAKALASAM SIDDHA LITERARY RESEARCH CENTRE

species. Herbs dominate the pharmacopoeias of Homoeopathy. Nearly 50% of the plants used in Homoeopathy are herbs. Trees and shrubs are the next dominant groups with 131 and 112, species respectively. -Homoeopathy more frequently uses whole plants for the preparation of drug. As many as 104 species are used as whole plants. Among the different parts that are used as drug sources, leaves and roots are more commonly used.

However, the reproductive parts such as flowers, fruits and seeds, along with vegetative propagates such as the tubers and rhizome form the most dominant drug sources for Homoeopathy. Analysis shows that 74% of the plants used in Homoeopathy are collected in a manner that disturbs the reproductive biology and the regeneration of the species concerned. The phytogeographyof 538 species is also studied. It is found that the temperate plants are the predominant sources of drugs in Homoeopathy that t amounts to 66%. European and North American elements dominate the Homoeopathy pharmacopoeia when compared to tropical regions such as Indian and Indo-malayan. Care is also taken to update the nomenclature of Homoeopathy plants, many of which are old and obsolete Botanical names.

PP IV-3

SCIENTIFIC STUDIES ON INDIAN SYSTEM OF MEDICINE

MANIVANNAN
Govt. H.Q. Hospital, Trichy - 17.

There is increased tension in the modern world due to mental stresses and stains. The result is the increasing mental ill-health and psychological and psychosomatic disease in this age. Indian system plays an important role both in the promotion of health and in the prevention &cure of diseases "Health for all by 2000 A.D through" Holistic Approach" has not reached the village to the desired extent. The prevailing socio-economic conditions of the people demand cheap cures, which are easily accessible, available and affordable to common, people both in rural and urban areas.

In spite of the fast development of modern Medical Science it is not able to give satisfactory answers to a vast array of illness and ailments. It is in this context that relevance

AMUDHAKALASAM SIDDHA LITERARY RESEARCH CENTRE

of Indian Medicine arises. The ancient seers of INDIA have developed the Indian System of Medicine., which can be applied effectively to cure a long range of sickness. The simple and single remedies developed by them are wonderful. The details will be dealt in full paper.

PP IV-4

UNANI MEDICINAL PLANTS, NEED FOR A NATIONAL STRATEGY

V.C.GUPTA SJ.HUSSAIN MUSHTAQ AHMAD S.IMAM
Central Research Institute ofUnani Medicine, Hyderabad.

Unani and other branches of the Indian systems of Medicine depend for their drug material on medically useful plants. So far, herbs have been exploited mostly from their natural habitat and traditional Hakim's and Vaidyas have used them with their knowledge about the plants, their uses and utilization processes.

Attention has to be focused on bringing back the drug material in the most usable form by conservation of plant material in a scientific way e.g. proper identification of genuine material, by discovering active principles to facilitate use of drug in suitable doses by developing new methods of extraction or preservation to keep them for longer period and prepared drugs for sustained availability and desired efficacy. Hence, a time has come to evolve a national strategy for the Unani medicinal plants to survive.

PP IV-5

CURRENT STATUS OF NATIVE WISDOM IN SITUATIONS OF HEALTH AND DISEASE IN SELECTED VILLAGES OF VILAVANCODE TALUK OF KANYAKUMARI DISTRICT, TAMIL NADU

***C. SUSEELA BAI **M. PETER MARIAN *C. PRAGASA NITHYAVATHY**
*****D. GLORY RATNA MARY**
*Dept. of Botany, Women's Christian College, Nagercoil - 629001, Tamil Nada. S. India
**Marine Biotechnology Division, Institute for Coastal Area studies, M.S. University, Rajakamangalam - 629 502, Tamil Nadu, South India
***Dept. of Computer Science, Women's Christian College, Nagercoil- 629COI, Tamil Nadu. S. India

With the emergence of the computers and the quantum leap in communications and electronic technologies, the world has stepped into an era of Information Technology. The

AMUDHAKALASAM SIDDHA LITERARY RESEARCH CENTRE

effective utilization of IT to align the informations and capabilities of people and communities is a necessary prerequisite for the prosperity and sustainable development of Indian System of Medicine in an increasingly competitive world.

India has a rich tradition of healing art. The traditional knowledge or Native Wisdom which has been developed over hundreds of years by people's experience is abundantly available in rural areas of our country. Unfortunately, the knowledge is largely ignored, not properly documented and tested for its scientific validity.

Documentation of Traditional Medicine is a vital innovative approach to reform and update our knowledge and create meaningful contact with other systems of medicine and the society at large. In view of this, from three villages Chellankonam, Melmidalam and Karungal of Vilavancode Taluk, situated at the southern tip of Kanyakumari district, 300 families were selected at random. All relevant informations on the use of Traditional Medicine were gathered to explore useful ways of expanding this information source and to make it more widely available. A database with reference to the common diseases prevailing, the herbal medicines used for the same, the attitude of people towards herbal medicine and the percentage utilization of plants in daily life as alternative lively hood option for their well being was made. Future work is prioritised in terms of consolidation of the content to cover the existing basic information on Traditional Medicine and to enhance usefulness for a wide range of users and expansion into other disciplinary aspects.

PP IV-6

THE ROLE OF DIAGNOSTIC TOOLS OF UNANI SYSTEM OF MEDICINE IN DIAGNOSIS

MOHAMMAD KHALID ASIF IQBAL SIDDIQUI *BASHEER AHMAD WAHABURREHMAN
Deptt. Of Ilmul Advia, Govt. Nizamia Tibbi College, Hydrabad.
*Deptt. of Kulliyat, Govt. Nizamia Tibbi College, Hydrabad.

It is fact that Unani system of medicine is comprehensive and the original source of both modern allopathy and homeopathy.

Since 2900 BC Egyptian civilization and then after 460 BC the era of father of medicine Hippocratas. The unique principles of Unani Medicine are helping in diagnosis and treatment,

AMUDHAKALASAM SIDDHA LITERARY RESEARCH CENTRE

which make this system free from hazardous effects of so called modern system, The concepts ofUnani system of medicine like:

(a) Temperament measured by feel of the body, muscularity, condition of hair, complexion, physique, receptibility of organs, sleep and wakefulness, functional state of organs, excretion and psychological activity.

(b) Pulse (Nabz)

(c) Excretion: Baul-wa-baraz.

These major tools for the diagnosis in Unani system of medicine by which we are able to diagnose properly which may further confirmed by modern techniques, if required. The details will be discussed in full-length paper.

PP IV-7

WHO WILL TREAT THE WORLD IN 2050 A.D?

A. VELUMANI G. MUTHUKRISHNASWAMI
Coimbatore

The global disease burden still persists and a HIV/AIDS pandemic, malaria. Tuberculosis, Sexually Transmitted Diseases, Yellow fever etc, have increased. The disease burden is essentially correlated to population whose continous growth is detrimental to the World health scenario. The details will be dealt in the full paper.

PP IV-8

USE OF INFORMATION TECHNOLOGY IN DOCUMENTING MEDICAL INFORMATION

G. GNANA SEKARI MANORAMA SRINATH* K. SIVAPRAKASAM
CRIS, Chennai - 600106.
*University of Madras, Chennai - 600 005.

Siddha, the ancient Indian system of medicine or traditional medical system proves to have an effective remedy for certain diseases. But, unfortunately, the original literature is in the form of Tamil poetries and confined to Tamil Nadu only. Hence the Siddha medicine was

AMUDHAKALASAM SIDDHA LITERARY RESEARCH CENTRE

not popularized. In this present information technology era, the valuable knowledge of Siddha medicine, mostly found in the regional language of the Tamils, has to be translated into English and documented and in turn, digitized.

The systematic organization of this valuable information will prove to be extremely useful for the society. The implications of this phenomenon have reflected a gradual transformation of the physical format of information resources in libraries resulting in the digitization of the libraries.

Information technology is a technological tool to popularize Siddha medicine at global level. It is easy to document the available knowledge in siddha medicine by organizing the materials through hypertext; Expert system can be used as diagnostic and decision making tool and Dissemination of Siddha medical information at global level through Internet. This paper deals with these aspects, in detail.

PP IV-9

EXPLOITATION OF INDIGENOUS KNOWLEDGE ON WILD EDIBLE PLANTS FOR HALE AND HEALTHY LIFE OF MANKIND

K.PANNEER SELVAM M. JAYAPRAGASAM ET AL
Forest College and Research Institute, Mettupalayam 641 301.

Health is to be brought within the reach of every one. It implies the removal of obstacles to the health which means elimination of malnutrition, ignorance of disease etc In India we have 328 million ha of geographical area, 142 million ha of aerable land, 175 million ha of wastelands only 63.72 million ha of forest are with 642 tribal community contribution 7% of total population. These indigenous people possess better knowledge about the wild edible plants. In India we have 47000 plant species. 21 %, 100 flowering plants 20% edible plants. Around 600 species possess the edible values in India forest areas. FAO has identified 150 species including wild edible mushrooms. Man started cultivation 10,000 years ago with palatable cereals, pulses, fruits, leaves, nuts, tubers, vegetables, rhizomes, etc. Even though our indigenous people cultivate many of the food " items and includes many of the

AMUDHAKALASAM SIDDHA LITERARY RESEARCH CENTRE

wild edible plants for additional substitution to food materials, the ancient day wild edible plant is the feeding material to indigenous people. We have different types of wild edible feeding material like seeds and nuts, leaves, stems, flowers, fruits, roots, etc. The survey conducted in different parts of Tamil Nadu on wild edible plants have been discussed in the full paper.

PP IV-10

EVALUATION OF BASIC PRINCIPLES OF ISM AND PROVIDING IT WITH SYSTEM SPECIFIC DIAGNOSTIC TOOLS

SHANTHI
Govt. H.Q. Hospital, Erode.

Scientific analysis of general principles of siddha system is done based on the following

Vatha - Air & Space

Pittha - Fire or Heat

Kapha - Earth+WaterorSolid+Liquid

According to the Siddha System of medicine it is evident that the activities of daily life of an individual affect his body than his food habits , so the advises should be based on the state, whether the patient is in the phase Exitation (or) Relaxation.

It will be dealt in the full paper

PP IV-11

REDISCOVERY OF THE SIDDHA SYSTEM OF MEDICINE

G. SUBASH CHANDRAN SADHU RAJARAM PANTULU *L.V PATHY
S.P.K Centre for Enviornmental Science M.S. University
*Dept. of Cardio thoracic Surgery Tirunelveli Medical College Hospitals.

The siddha system is one of the ancient systems of Indian Medicine. The siddha physicians of yore were siddhars a set of highly evolved spiritual giants who had a through grasp of the cosmogenesis as well as the structure and function of animate and inanimate things. Their knowledge of the different dimensions of the human frame was scientific and

AMUDHAKALASAM SIDDHA LITERARY RESEARCH CENTRE

practical. The Siddha system and ayurveda are like two eyes of Indian Medicine. But Ayurveda has now well established itself not only is India but also in many foreign countries and more countries have started evincing interest in it. The reason is that for last more than four decades the Ayuredic Medical Colleges andAyurvedic physicians have been doing wonderful work.

Though we have an army of Siddha Professors, Researchers, Post- Graduates and under graduates, our pace of research and publication is very slow. This realization should guide us to think seriously and act immediately. If any conference is announced at the national or regional level there are plenty of siddha medical men coming with one or more papers each. Either the paper deals with one drug, or one disease and regarding the standard most of them are above average. Our young post graduate doctors are very enthusiastic and have a strong will to achieve something extraordinary. This attitude should be recognised and their talents and efforts should be channelized to develop the siddha system. How to achieve this goal is the subject of this paper.

SCIENTIFIC DOCUMENTATION OF SIDDHA LITERATURE

***S. SUNDARAJAN **G. SUBASH CHANDRAN ***L.V. PATHY**
* SPK Centre for Environmental Science MSU. Siddha wing,
**Govt. Primary Health Centre, Thirukurungudi
*** Dept. of Cardiothoracic Surgery Tirunelveli Medical College Hospital.

Siddha system of Medicine is the most scientifically classified system of medicial practice available in the verse form. It is well ahead of the modern system of medicine. But these things are not indexed properly and it is not utilised to the maximum by the present medical community in any useful way.

Modern medicine scientifically analyses and publishes their works and they are properly indexed. Any amount of information in these medical topics are retriveable from the date of its inception. This system is even extended to other languages. This achievement is possible by dedicated researchers who index everything in their publications and the abstract are

AMUDHAKALASAM SIDDHA LITERARY RESEARCH CENTRE

stored properly imparting important scientific information. So it is easy to browse through the modern medical literatures.

Key words are nothing but MeSH words (Medical Subject Heading) which is a theasaurus of University accepted medical subjects every year more than one million of medical information is added up to the core materials. If this system of medical research retrieval is available to our siddha medicine it will be a big boon to the medical community. But siddha system of medicine - every work is available as verses only. All the siddha's works have to be indexed in the form of Author index, subject index, main heading, sub heading complications, as form etc. The verses are translated in English. If necessary seperate MeSH for Siddha medicine can also be added to the list if everyone of us is prepared to contribute Siddha Medical Work.

This thing is possible only if a group of dedicated workers who can do initial MeSH heading work and special siddha MeSH heading works in course of few years we can have our own siddha literature database available to international research community thereby we can retain our heritage inheritance of property rights of our works going to westerner hands. And wish our literature gets retrived via medlar's / pubmed in few years.

PP IV-13

USE OF TRADITIONAL KNOWLEDGE AS DIAGNOSTIC TOOLS FOR HUMAN DISEASES

K. PANNEER SELVAM M. JAYAPRAGASAM ET AL
Forest College and Research Institute, Mettupalayam 641301

India is the seventh largest country in the world but it ranks second in population next to China. The birth rate is higher than the death rate which leads to over population. India have 142 million ha of aerable land with a production capacity of only 206 metric tons. Nowadays we have many disease problems and to diagnose the diseases we are using many technologies. In ancient period, we do not have many modern diagnostic instruments but now we have all types of highly equipped instruments. In olden days, people used to diagnose the diseases by simple methods. Every society has its own way of generating a

AMUDHAKALASAM SIDDHA LITERARY RESEARCH CENTRE

traditional knowledge to diagnose the diseases suitable to its own people and their own environment. These sociocultural and traditional knowledge base is almost verbal and has been transmitted from one generation to another verbally or through virtual.

SIDDHA MEDICAL ASTROLOGY

V. LAKSHMIPATHIRAJ

"Know thysèlf and that make you from all evils but man, not knowing his own self becomes victim of all troubles.

"தன்னை அறிய தனக்கொரு கேடில்லை
தன்னை அறியாமல் தானே கெடுகின்றான்" - திருமூலர்

This is the basic dictum in the science of life propounded by the great Siddhar Tirumoolar, 3000 years ago.

The Siddha System of medicine is the most holistic medical system in the world. it is the mother of all healing arts in our plant and it predates all healing systems.

In Siddha system of medicine, a huge number disease would come due to our incarnations... Aagathiyar Kanma Kandam

In Yugi vaithiya Sindhamani the stars were linked to Suram (Pyrexia), and individual (person) had to be recover from suram according his star.

AMUDHAKALASAM SIDDHA LITERARY RESEARCH CENTRE

IMMUNOMODULATORY PROPERTIES OF CERTAIN SIDDHA DRUGS - PESIN AND SIVA

***J.R. Krishnamoorthy, **S. Ranganathan**

ABSTRACT

The Immunomodulatory properties of the Siddha drugs - *Pesin* and *Siva* drops, propriety formulations of Dr. JRK's Siddha Research and Pharmaceuticals (P) Ltd., Kuntrathur, Chennai were studied in detail. *Pesin* enhances the T-helper cell mediated immunity. T-helper cell mediated immunity impairment in animal model was created using three drugs viz., cyclosporin, cyclophosphamide and FK506 and the pesin was administrated in these animals. The co-administration of the immunosuppressive drug and *Pesin* has resulted in insignificant immune suppression when compared to the complete immune suppression in animals that received only the immunosuppressive drugs. The challenge studies have re-confirmed the above findings. The results of the study clearly suggest that *Pesin* may be an ideal drug for the treatment of various immunosuppressive disorders including HIV in near future. *Siva*, yet another Siddha drug (Patent pending) was studied for its immunomodulatry activity especially boosting of phagocyte mediated immunity *in vitro*. The isolated peritoneal phagocytes were pre-treated with *Siva* and later were infected with opsonized fungal spores of *Candida albicans* and *Aspergillus niger*. An increased phagocytic ability of the *Siva* treated phagocytes was recorded when compared to the untreated control. Further the phagocytic killing of the ingested spores was also found to be more in the case of treated phagocytes. This was confirmed by uptake of tryphan blue staining. The experimentation and results are discussed in the paper.

Introduction :

Phagocytes (macrophages) are the primary immune surveillance cells in the mammalian defence system. These cells ingest (engulf) an antigen on its entry into the system and destroy them. Besides phagocytosis, macrophages also act as antigen-presenting cells to the lymphatic system thereby elicit an immune response. The qualitative and/or quantitative defect in the phagocyte mediated immune defence may lead to infections caused by several microbes. Therefore, it is inevitable to enhance the macrophage mediated immune defence for an effective management and control of the disease. As on date no ideal drug is available to our knowledge in the system of modern medicine to selectively improve the functioning of the macrophages.

Similarly the T-helper cells play a major role in maintaining the immune defence. The T-helper cell impairments can occur due to a variety of reasons especially due to HIV. Hence hyper activation of T-cell mediated immunity is inevitable. In the present paper, we report the

---

* Governing Body Member, CCRAS, Govt. of India, New Delhi
** Former Lecturer in Microbiology, The New College, Chennai - 600 069.

AMUDHAKALASAM SIDDHA LITERARY RESEARCH CENTRE

increased phagocytosis and phagocytic killing of the spores of *Aspergillus niger*, A.flavus, *Candida albicans and C.tropicalis* by the murine peritoneal macrophages pretreated with a Siddha drug - SIVA (Sivanarvembukuzhithailam). We also report the boosting of the T-helper cell mediated immunity property of PESIN in an animal model. T-helper cell immune impairment was created in animals using Cyclosporin, Cyclophosphamide and FK506 and PESIN was co-administered. The level of T-helper cell counts was elucidated. The results are presented in the paper.

Materials and Methods

The basic media for cell culture (RPMI 1640 and 199) and fetal calf serum were procured from Hi-media, India. Similarly all other constituents of the medium such as yeast morphology agar, thioglycollate broth, paraformaldehyde and flat-bottomed polystyrene plates were procured from Difco, USA. The cell culture medium RPMI 1640-199 was prepared using standard procedure (3). Normal mouse sera were collected in our laboratory from healthy mice.

Fungal isolates

Two strains each of *Candida albicans* (44 and 46/2000), *C. tropicalis* (18 and 19/2001), *Aspergillus niger* (62 and 171/2000) and *A. fumigatus* (12 and 180/2001) which had been isolated either from clinical or environmental sources were used for the present investigation. The strains of Candida were inoculated into Sabourauds glucose broth from yeast morphology agar and incubated at 37°C for 4 hours to obtain blastoconidia at the logarithmic phase (4). The cells were then rinsed twice in normal saline (37°C) and were resuspended in cell culture medium prior to use. In the case of *A. niger and A. fumigatus,* the isolates were inoculated on to Potato Dextrose Agar and incubated at 25°C for 5 days. After 5 days of incubation, the cultures were washed separately in normal saline and the conidial suspension of the isolates was prepared as above.

Preparation of Sivanarvembu kuzhithailam

Sivanarvembu Kuzhithailam was prepared by a modified method (Patent pending) using water-dual oils-herbal binders-camphor system developed by Dr JRK's Siddha Research & Pharmaceuticals (P) Ltd., Kuntrathur, Chennai-600 069.

Isolation of peritoneal macrophage

AMUDHAKALASAM SIDDHA LITERARY RESEARCH CENTRE

Male BalbC mice (35 g) was used for the present study. To elicit the production of the peritoneal macrophage, thioglycollate broth was injected intraperitoneally into the mice. The mice were sacrificed after 3 days and the macrophages were recovered from the peritoneal cavity by rinsing with 7 ml of phosphate buffered saline (PBS) and resuspended in cell culture medium at a concentration of $2x10^5$ ml^{-1} I ml of the macrophage suspension was placed on a round glass cover slip (12mm diameter) in a compartment of a flat-bottomed polystyrene plate. The macrophages were incubated for 24 hours (37°C, 5% $C0_2$) in cell culture medium in order to adhere the macrophages onto the cover slip (5).

Pretreatment of the macrophage with Sivanarvembu Kuzhithailam

The adhered macrophages were incubated in cell culture medium incorporated with the Sivanarvembu Kuzhithailam (5-25 ug/ml of cell culture medium) for 40 min at 37°C, 5% CO_2.

After pre-treatment with the Sivanarvembu Kuzhithailam, the culture medium was removed. The adhered macrophages were re-incubated in fresh cell culture medium and infected with $3x10^6$ blastoconidia/conidia of the two isolates of C.albicans, C.tropicalis, A.niger and A.fumigatus seperataly. The ratio of blastoconidia/conidia is to macrophages was 15:1. Prior to infection, the blastoconidia/conidia were opsonized with normal serum of the mice for 30 minutes at 37°C.

After infection, the culture plates were centrifuged at 1200 r.p.m for 2 minutes to facilitate the contact of the fungal spores and the macrophages. The plates were incubated for up to 20 hours (37°C, 5% CO_2). Separate set ups were maintained for the examination of the macrophages at the intervals of 2 h and 20 h for the number of spores ingested by each macrophage and macrophage destruction due to the germination of spores inside the macrophage. Prior to examination, the macrophages were washed twice with PBS and fixed with freshly prepared 2% paraformaldehyde in PBS (6,7).

Similar set up of the untreated macrophages infected with blastoconidia/conidia of all the eight isolates were maintained separately as control. The observation of the control set up at intervals of 2h and 20 h was made as above.

The loss of viability of the infected macrophages in the treated and control set-ups was demonstrated using the uptake of trypan blue stain (8).

AMUDHAKALASAM SIDDHA LITERARY RESEARCH CENTRE

Microscopic examination of the extracted, treated and control macrophages

The adhered macrophages on the cover slip were observed under phase contrast microscope at time intervals of 2 h and 20 h after infection with the blastoconidia/ conidia. Randomly 25 fields were selected. The total number of macrophages and the total number of ingested spores in each of the 25 fields were counted. The mean and the standard deviation for the total number of macrophages and the total number of ingested spores in all the 25 fields in the extract treated set up were determined and compared with the control.

T-helper cell impairment in animals

T-helper cell impairment was created in Rabbit model using the three drugs viz.,Cyclosporin, Cyclophosphamide and FK506 separately. The drug was administered orally in animals for a period of 30 days. In control animals, the zero leveling of the T-helper cell count was achieved by 30 days. In the test animals, the drug was co- administered every day along with immunosuppressive drugs. The T-helper cell levels were checked at regular time interval.

RESULTS

Boosting of phagocyte mediated immunity by SIVA.

Significant increase in the level of phagocytosis of fungal spores was recorded in the case of SIVA treated macrophages. The spore ingestion rate was 1:11 in the case of treated as against 1:6 in the case of control phagocytes.

The kinetics of phagocytosis was recorded to be 4 hr as against 7 hrs in the case of treated vs control cells.

Spore germination inside the phagocytes and total death of the macrophages was significant in the case of untreated cells as against test. This was confirmed by trypan blue exclusion technique.

Enhanced T-helper cell mediated immunity

An increased T-helper cell proliferation was recorded in animals, which received PESIN. Despite the type of immunosuppressive drug used for the study, the effect of PESIN on T-helper cell proliferation was significant. The results are presented in the following graph.

AMUDHAKALASAM SIDDHA LITERARY RESEARCH CENTRE

COMMON CONCEPT IN PULSE

***Dr. K. RADHAKRISHNAN L.I.M.**

In medical term pulse is considered to be the throb felt at the radial artery at the wrist due to the rhythmical dilatation and contraction of the arteries as the blood is propelled along them, by the contraction of the hearts and that pulse beats are best felt at the wrist by the tips of the Examining fingers. This art of pulse reading stands as one of the Eight Entities of clinical factors for diagnosis.

In reading of pulse, doctors of modern medicine as well as Siddha physicians, both *place the tips of their three fingers namely the Index, middle and ring fingers unique on the* course of the radial artery at the wrist of their patients and with their own special technique try to predict the characters of the pulse waves. In modem side, they contemplate with the physiology of the cardio vascular system taking into account the size and distension of the arterial walls, impressibility and the regularity, which naturally denotes the volume, force and rhythm, and this stands as scientific and universal truth.

In Siddha science it is not so simple as this science itself is based on the Tridosha theory, interlinking the Universe and the human body. Further more importance is given to the act of breathing, as "Breath is to Live, and Life is to Breathe' is the phenomenon of human life and that life is nothing but logical input, Fluxion and Expulsion of Energy in an organism. During the act of breathing, prana the vital force of energy, Impulse through the brain and nervous system and sustains the human body which is inter twined with tridosha namely Vatha, Pitha and Kapa and aids to maintain the metabolism.

Thus the tridosha forms an indispensable somatogenic tripartite bionorma of the human organism as a special entity as humours in subtle state, called as Vatha, Pittha and Kapa. These three are nothing but the prototype or reproductive forms of the Elements of nature, namely Air, Fire and Water. Tridosha exists in the human body in each and every cell, but in the ratio of I : ½: ¼ and that the derangements of the same is said to be the root cause for all Diseases; which can be detected by the character of the pulse wave. Thus reading the pulse

---

Medical Officer (Retd.) K.K. Nagar, Chennai - 600 078.

AMUDHAKALASAM SIDDHA LITERARY RESEARCH CENTRE

and predicting the character in terms of tridosha stands as the main problem; and is compared to a skilled musician playing the Veena, a musical instrument with strings. As the Experienced player place finger tips on the vibrating string on various positions and angles the Siddha physician should also try to place his highly sensitive finger tips on the pulsating Radial artery with special technique so as to infer the subtle status of tridosha, by his careful concentration of mind on the pulse wave with awareness.

Fortunately, nature has provided every human being with a super computer like organ, the brain with an internet connection of 72000 nerves and blood vessels, dominated by the faculty of mind, the supreme bliss intertwined with three *(Gunas)* cosmic qualities namely Satvic, Rajas and Thamus which in turn have their influence on the tridosha to promote the process of creation, restoration, and destruction and to maintain the metabolic balance of human life. Thus prana, the vital force of energy that enters into the system through the process of respiration; and the tridosha that enters into the circulation of blood through the process of Assimilation, promote some pathological changes which only is estimated by the reading of pulse. In Siddha Science, pulse does not denote the mere flow of blood, but considered as the Psycho physiology of an Individual and a flow of consciousness and cellular Intelligence, which can be perceived only by the faculty of mind. Hence prolonged practical experience, the art of control over the sensitive organs, meditation and concentration of mind is essential as we have to bring the subjective experience to the objective level. There should be a positive awareness, so that even the subtle movements that can be recorded by the Electro Cardiogram is to be recognized by the mental faculty of the physician.

Apart from the normal sensitivity produced by the nervous system, the secondary signalling factor of the nervous system only made the brain and mind to understand the reflection of reality and integrating the physiology and psychology in nature, and it is proved that the sense of identity of the External manifestations would transfer the objective findings obtained into man's subjective world, as the mind activates the physical and spiritual body. Only on Ibis basis the Siddhars have practised yoga and cultivated the power of brain and mind and obtained the supernatural power.

Now at present it is not possible for any physician to go on meditation and concentration of mind while reading pulse and that it is enough if one can understand the force of tridosha in the pulse by some simple ways as told by siddas. The movement of the pulse wave has

AMUDHAKALASAM SIDDHA LITERARY RESEARCH CENTRE

been compared to the movements of some of the animals and of which, THIRUMULAR's comparison is apt in practical aspect. He compare the movement of the pulse waves of Valha, Pitta and Kapa, respectively to the movement of hen, frog and snake. Here we should try to understand the common concepts in this. For example the hens movement is compared to vatha pulse. Hen rise up its leg and this denotes the up force. The Frog push down its legs which denotes the down force and the snake crawl from one side to the other and this denotes the bilateral force. Further I like to quote some of the typical words of Tirumular, as it is in Tamil

'மேலேறிப் பலத்தது வாதம்
அமர்ந்தது பித்தம்
புறண்டது ஐயம்.'

"may-leari-balath-tha-thu-Vaatham" - This is, one that climbs up with heavy force is vatham and this denote the upforce related to vatha;

"Amarnath-tha-thu-Pittam - That is one that set down is pitham and this denotes the down force related to pitta; and

"Puranda-thu-Iyam". - That is one that crawls from one side to other is Iyam.(Kapam) This denotes the Bilateral force of kapa.

Thus it is clear that in the pulse wave there are only three kinds of forces, namely up force, down force and bilateral force, representing the forces of vatha, pitta and kapa respectively.

Further Tirumular add and emphasize as follows:

"Uth-thut-thu-paarka-oar-Narambay-odum

Path-thitha-moovarum-paiginra-veagath-thal" That is, however you see with all you penetrating look, there will be only one nerve like thick feeling, which is due to the conjoined kinetic force of tridosha that impend in the blood flow in the radial artery. Thus it is clear that prana the vital force of energy implicit the tridosha to exhibit the pathological process and manifest the upforce of vatha. Down force of pitta and the bilateral force of kapa in their own logical ratio, as a cyclic rotation in the blood flow and maintain the metabolism of the human body from

AMUDHAKALASAM SIDDHA LITERARY RESEARCH CENTRE

birth to death.

Man gains his knowledge only from the study of nature; and hence I like to mention here a Meteorological Illustration of nature. Please sit near the seashore and try to have a keen study of the successive tide of water waves. At first, the water rise up with heavy force, then tries-to fall down, and finally bifurcates and spreads,over the sand as foam. Each wave will have three stages namely. (1) Up force (2) Down force and (3) Bilateral force. Though it is described as three stages for proper understanding, what actually happens is all the three stages occur simultaneously connecting with each other as a cyclic rotation. Here the first stage of rise up of water is more prominent with full force and the second stage of fall down is of less force and before the end of the second stage and the beginning of the third stage, the succeeding wave pushes this water of the second stage, with the result while the water touches the ground it is bifurcated and spread with very less force. We should understand that all these tidal show in the sea water are manifested by the Integration of the pressure ofthe atmospheric air.

This same kind of drama happens in the radial artery as the blood being pushed into it with the dominated force of prana, associated with tridosha. Here with in the radial artery the force of the blood flow will naturally have the tendency first to shoot up with maximum full force, then automatically the down force occurs as the reflection of the former with less force, as the second stage and apart from this main stream of the axis of the up and down flow, some part of the blood escapes and diverges to go offside ways forming the bilateral force, with least power. Thus within the radial artery blood rotate with up and down flow as maximum, and the bilateral force as less; creating three stages namely, (1) Up force (2) Down force and (3) Bilateral force, representing the force of vatha, pitta and kapa, and this can be detected under the tips of the Index , middle and ring fingers respectively, analogous to volume force and rhythm in modern side. Thus now it is clear that it is only the terminology seems to differ, and that the common concept remains as one and the same in all human pathology.

As conclusion, I consider that this will be the only source by which we can lighten our good old traditional Siddha medicine, parallel to the modern medical science, and establish the glory of our Siddha medicine to the nation.

AMUDHAKALASAM SIDDHA LITERARY RESEARCH CENTRE

MANAGEMENT OF EFFICACY AND DRUG SAFETY

DR. L. SIVAKUMAR, M. SENTHILKUMAR

1) INTRODUCTION

The Global Market for traditional medicines had gained its momentum in the past decade. The demand is increasing 10 to 15% every year. The new diversification of Nutraceuticals from Pharmaceuticals is growing faster day by day. There is a great opportunity for promoting our Legiyams, Chooranams and Tablets as a Nutraceutical Products in near future. Likewise, the awareness for efficacy and drug safety is also more now a days. The popularity of Traditional medicines is because of following basic facts ie. Safer to consume because of its Organic Natural Occurrence and Cost effectiveness.

II) OBJECTIVES

Since the basic raw materials are collected and procured in different Agro Climatic conditions, its efficacy and safety should be evaluated and monitored frequently.

1) The main objective is to screen the hazards affecting crude drugs which are used in traditional system of medicine such as Siddha, Ayurveda and Unani.
2) To assure the quality of basic Crude drugs free from microbial contamination.
3) Standardization of Tablets, Legiyam and Chooranam and the Microbial part concerned and to Nullify fungal contamination as well as Bacterial contamination.

III) Hazards of Crude Drugs

The Hazards are Physical, Chemical and Biological.

The Physical Hazards include over drying in sunlight, adulteration with foreign materials due to poor collection practices and high - moisture content due to improper storage.

The Chemical and Biological hazards are :

1. Yeast and Mould
2. Bacteria such as Salmonella, Bacillus sp, Entero bacteraceae, E.eoli, Staph.aureus
3. Aflatoxin, Mycotoxin and Bacterial Toxins
4. Pesticide Residues
5. Chemicals used in Processing

SKM Siddha Pharmaceuticals, Erode. E-Mail ; production_skmsiddha.org.

AMUDHAKALASAM SIDDHA LITERARY RESEARCH CENTRE

6. Heavy metals and Arsenic
7. Foreign Matters
8. Adulterants

Out of the above contaminants the raw materials are most commonly infected with Yeast and Mould, Bacterial contaminants, pesticide residues, Chemicals used for processing rather than others.

Types of Mycotoxins

1. Aflatoxin B1, B2, G1, G2
2. Zearelenone
3. Trichothecences
4. Ochratoxin
5. Citrinin
6. Patulin
7. Penicillic Acid
8. Sterigmatocystin
9. Alternarial Methy Ether
10. Mycophenolic Acid
11. Penitrem A
12. P.R. Toxin

Commonly Used Pesticides

The usage of pesticidess for nullifying the Pests and Microbes had contaminated the cultivated lands and it is deep rooted for the past four decades. The commonly used pesticides are : BHC, DDT, CHC and Organo Phoshporus compounds.

IV) Impact of Hazards on Biological System

A) Pesticide Residues

* Triggers the release of free radicals causing serious damage to the internal organs
* Induces Gene mutation and they are highly Carcinogenic.

B) Biological Effect of Mycotoxin

* They are Heat stable, Affect Immune System, Haemopoeiotic and Reproductive system.
* Inhibits certain enzymes involved in Kreb's cycle thus affecting energy production.
* Inhibition in synthesis of DNA, RNA, and Proteins.
* Inhibits the energy supply of nerve cells by inhibiting ATPase activity.
* The harmone activities are reduced. Mycotoxin also caused frequent abortion.

AMUDHAKALASAM SIDDHA LITERARY RESEARCH CENTRE

* Induces Fatty Liver, Hepatic Carcinoma, Renal tumour, Cervical Cancer, Oesophageal Cancer, Capillary damage in vital organs, Bloody Diarrhoea.

V) List of Commonly Contaminated Drugs

A) Microbial Load

Nellivattral	-	*Phyllanthus emblica*
Thandrikkai Thole	-	*Terminalia bellerica*
Kadukkai Thole	-	*Terminalia chebula*
Milagu	-	*Piper nigrum*
Thippili	-	*Piper longum*
Karunai Kizhangu	-	*Amorphallus sylvatieus*
Nannari	-	*Hemidesmus indicus*
Sundaivattral	-	*Solanum torvum*
Sathipathiri	-	*Myristica fragrans*
Lavangapathiri	-	*Cinnammom tamala*

B) Pesticides

Paringipatti	-	*Smilax chinensis*
Poolan Kizhangu	-	*Curcuma zeodaria*
Lavanga Pathiri	-	*Cinnammom tamala*
Thiraichai	-	*Vitis vinifera*

C) Sulphur

Chukku	-	*Zingiber officinale*
Milagu	-	*Piper nigrum*

D) Heavy Metals

In cultivated items such as Rathinapurush - Hybanthus enneaspermus

Manjal Karisalai - Weddelia calendulaceae

VI) MICROBIAL CONTAMINATION OF CERTAIN MARKET SAMPLES

The raw materials are found frequently with microbial contamination are Athipalam,

AMUDHAKALASAM SIDDHA LITERARY RESEARCH CENTRE

Elavampisin, Karuppatti (Palm Jaggery), Kostam, Mathanakamapoo, Nattu Amukkaran Kizhangu, Nattu Sarkarai, Neermulli Vithai, Vasambu, Nilavarai, Seemai Nilavagai (Senna), etc. along with the following.

II) TRADITIONAL CONVENTIONAL METHODS

A) Raw material, Intermediate Products and Finished Goods

R.M.	Y & M	B.C. per gram
Milagu	TNTC	
Neer Brami	50,000	
Jathipathiri	TNTC	
Lavangapathiri	TNTC	
Karunai Kizhangu	82,00,00	TNTC
Nannari	TNTC	
Orithal Thamari	2,70,000	TNTC
Lavangapattai	3,000	
Sundaivattral	20,000	
Then Mezhugu	15,000	
Thiratchai	1,200	
Thippili	TNTC	
Velleri Vithai	9,000	
Shombu	1,200	

MICROBIAL CONTAMINATION OF INTERMEDIATE PRODUCTS

R.M	Y & M per gram	Yeast / Mould gm. A.T.
Thiripala Karpam Bhavanam	1,600	<500
Seenthil Tablet Chooranam	TNTC	<300
Nellikkai Pulp	TNTC	<1000
Sadamanjil Chooranam Bhavanam	TNTC	<400

AMUDHAKALASAM SIDDHA LITERARY RESEARCH CENTRE

Finished Product	Y & M per gram	Total Bacillus
Thiripala Chooranam	94,000	
Amukkara Chooranam	1,78,000	
Thirikadugu Chooranam	2,30,000	TNTC
Karunai Legiyam	2,50,000	TNTC
Nilavarai Chooranam	3,00,000	
Orithazh Thamarai Chooranam	27,00,000	
Rasagandhi Mezhugu	TNTC	
Aswaganthi Legiyam	TNTC	
Nellikkai Legiyam	TNTC	
Karisalai Karpam		TNTC
Ponnavarai Chooranam		<500
Vilvam Tablet	TNTC	
Seenthil Tablet	TNTC	

CORRELATION BETWEEN pH AND MICROBIAL LOAD

Sl.	Medicine Name	pH	Vulnerable to Microbial Load
1.	Nellikkai Legiyam	3.30	Not Vulnerable
2.	Sathaveri Legiyam	4.70	Not Vulnerable
3.	Venpoosani Legiyam	4.60	Not Vulnerable
4.	Aswaganthi Legiyam	4.50	Not Vulnerable
5.	Vankumari Legiyam	4.90	Highly Vulnerable
6.	Dhathukalpa Legiyam	4.60	Not Vulnerable
7.	Vallarai Legiyam	4.20	Not Vulnerable
8.	Nilavarai Legiyam	4.80	Highly Vulnerable
9.	Karunai Legiyam	6.00	Highly Vulnerable
10.	Adhirsta Rasayanam	4.80	Moderately Vulnerable
11.	Thippili Rasayanam	4.60	Not Vulnerable

AMUDHAKALASAM SIDDHA LITERARY RESEARCH CENTRE

a) Water Washing and Drying.

b) Pittavial Process.

c) Storage by mixing with Ghee and Gingelly Oil.

d) Thaniya Pudam.

VII) DISINFECTION METHODS

The disinfection of the Crude Drugs, Intermediate Products, Finished Products and

VIII)

A) EFFICACY OF PITTAVIAL ON MICROBIAL LOAD

Sl. No.	Chooranam Name	Pittavial Time	Milk Qty.	Water Qty.	Y & M per gram B.T.	Y & M per gram A.T.
1.	Nilavarai Chooranam - CBM - 12	30 mts.	500 ml.	250	3,00,000	<200
2.	Ponnavarai Chooranam - CBH - 79	30 mts.	500 ml.	250	1,00,000	<3000
3.	Thiripala Chooranam - CBE - 75	30 mts.	500 ml.	-	94,000	<250
4.	Amukkara Chooranam - CAA - 115	30 mts.	500 ml.	250	1,78,000	<80
5.	Karisalai Karpam - CAJ - 114	30 mts.	500 ml.	250	50,000	<250

B) IMPACT OF DHANIYA PUDAM

Sl. No.	Medicine Name	Y & M per gram	Yeast & Mould / gm. A.T
1.	Narasinga Legiyam -LEK - 17	<500	<290 yeast only

AMUDHAKALASAM SIDDHA LITERARY RESEARCH CENTRE

C) IMPACT OF USING GHEE AS A STRORAGE MATERIAL

Sl. No.	Medicine Name Yeast & Mould / gm.	With adequate Ghee Yeast & Mould / gm.	With inadequate Ghee
1.	Nellikkai Pulp	<10	TNTC

Packing is a mandatory action in avoiding the Mycotoxicosis of the products.

I) Modern Methods

A) HYGIENE OF RAW MATERIALS, INTERMEDIATE PRODUCT, FINISHED GOODS AND PACKING MATERIALS

a) Water Washing and Soaking with 1% H_2O_2 for 30 mts, Drying and Storing.

b) U-V - Irradiation - Shorter wave length - 260 nm RM, IM, FP Exposure.

c) Fumigation with 1 - X per Acetic Acid.

B) PLANT HYGIENE

a) Routine Air Exposure Tests.

b) Fumigation with approved Disinfectants

c) Routine washing with approved Disinfectants.

d) Foot path

e) Process water disinfection.

C) PERSONAL HYGIENE

a) Wearing of Gloves and Caps.

b) Hand Disinfecting of operating vessel.

c) Disinfectant Cloths.

d) Foot path Disinfectant.

e) Disinfecting of operating vessel.

X) HEAVY METALS AND IMPACT ON CRUDE DRUGS

The following plants are collected from various areas and they are subjected to Heavy

AMUDHAKALASAM SIDDHA LITERARY RESEARCH CENTRE

IX) EFFICACY OF MODERN DISINFECTANT METHODS

R.M.	Y & M per gram	Yeast / Mould gm.A.T.	B.C.	A.T
Milagu	TNTC	200		
Neer Brami	50,000	5,000		
Jathipathiri	TNTC	300		
Lavangapathiri	TNTC	1,000		
Karunai Kizhangu	82,00,000		TNTC	<500
Nannari	TNTC			
Orithal Thamarai	2,70,000	3,000	TNTC	<300
Lavangapattai	3,000	<100		
Sundaivattral	20,000	<500		
Then Mezhugu	15,000			
Thiratchai	1,200			
Thippili	TNTC			
Velleri Vithai	9,000			
Shombu	1,200			

Finished Product	Y & M Per gram	Yeast & Mould /gm. A.T.	Total Bacillus	A.T.
Thiripala Chooranam	94,000	<250		
Amukkara Chooranam	1,78,000	80		
Thirikadugu Chooranam	2,30,000	150	TNTC	<500
Karunai Legiyam	2,50,000	7,000	TNTC	<100
Nilavarai Chooranam	3,00,000	<200		
Orithazh Thamarai Chooranam	27,00,000	<300		
Rasagandhi Mezhugu	TNTC	<100		
Aswagandhi Mezhugu	TNTC	<250		
Nellikkai Legiyam	TNTC	<20		
Karisalai Karpam			TNTC	
Ponnavarai Chooranam			<500	
Vilvam Tablet	TNTC	<100		
Seenthil Tablet	TNTC	<100		

AMUDHAKALASAM SIDDHA LITERARY RESEARCH CENTRE

metal analysis and following results were obtained. As per the WHO limitations for Heavy metals the following plants and its medicines cannot be exported because of the higher contamination of heavy metals.

ORITHAZH THAMARAI - *Hybanthus enneaspermus*

Mercury	-	38.93
Zinc in ppm	-	26.72
Lead in ppm	-	0.65

MANJAL KARISALAI - *Weddelia calendulaceae*

Mercury in ppm	-	35.32
Zinc in ppm	-	22.80
Lead in ppm	-	0.71

MICROBIAL LOAD PERMITTED BY EUROPEAN LEGISLATION APPROVED BY FDA :

XI) W.H.O. STANDARDS FOR MICROBIAL LIMIT

Analysis	Crude Plant Materials Cfu / gms.	Pre-treated Cfu / gms.	Internal use Cfu / gms.
Aerobic Plate Count	Not applicable	1,00,00,000	1,00,000
Yeast and Mould	10,000	10,000	1,000
E. coli	10,000	100	10
Enterobacteriaceae	Not applicable	10,000	1,000
Salmonella	Not applicable	None	None

AMUDHAKALASAM SIDDHA LITERARY RESEARCH CENTRE

1. *Bacillus cereus* - 10^5/gm.
2. *Camphyllobacter* - 5×10^2 to 10^6 /gm
3. *Clostridium perfringens* - 10^8 to 10^9 / gm
4. *E-coli* - 10^6 to 10^{10} / gm
5. *Giardia lamblia* - 10^1 to 10^2 / gm
6. *Salmonella* - 10^4 to 10^{10} / gm
7. *Shigella* - 10^1 to 10^2 / gm
8. *Staphyllococcus aureus* - 10^5 / gm.

XII) EFFICACY AND SAFETY OF VARIOUS TYPES OF DISINFECTANT

Sl. No.	Disinfectant type	Bacteria	Myco-bacteria	Bacterial Spores	Yeasts	Moulds	Toxicity
1.	Chloride	++	++	+	++	++	Medium
2.	Formaldehyde	+	+	+	+	+	High
3.	Phenolics	+	+	-	+	+	High
4.	Peracetic Acid	++	++	++	++	++	Low
5.	Quaternary Ammonium Compounds	+-	-	-	++	+	Low
6.	H_2O_2	++	+	+-	+	+	Low
7.	Iodophors	++	++	+	+	+	Medium
8.	Sodium Hydroxide	+	+	+	+	+	High

++ : Higher Efficacy
+- : Moderate Efficacy
+ : Poor Efficacy
- : No Efficacy

AMUDHAKALASAM SIDDHA LITERARY RESEARCH CENTRE

XII) SCIENTIFIC INTERVENTIONS AND THRUST AREAS

a) Good Harvesting Practices / Good Agriculture Practices

b) Good Storage Practices

c) Good Manufacturing Practices

d) Good Laboratory Practices

XIV) CONCLUSION

The GAP, GMP and GLP are the key factors in manufacturing not only quality Siddha products but also any traditional medicinal products. The adoption of above factors by a Pharmaceutical industry ensures the Efficacy and drug Safety of its products. Since there is a worldwide opportunity for concept of promoting our Legiyams, Chooranams and Tablets as health foods in the field of nutraceuticals, it is mandatory to implement the quality procedures and audit systems in all multidisciplinary sciences related to the Pharmaceutical Industry.

REFERENCES

1. WHO publication of "Quality Control Methods" for Medicinal Plant Materials - 1998.
2. Manual of Indian Herbal Pharmacopeia - Vol. I, Publication of IDMA and RRI.
3. FDA Manual of Microbial Procedures.
4. Text book of Biotechnology - R.C. Dubey.
5. Gunapadam - Siddha Maruthuvam - Dr. Murugesa Mudaliar.

AMUDHAKALASAM SIDDHA LITERARY RESEARCH CENTRE

CONCEPT OF SIDDHA NUTRACEUTICALS AND ANTI-DIABETIC STUDIES WITH PHYTODIANUTRA™

Dr. G. Sivaraman, B.S.M.S.

ABSTRACT

Selected foods can improve physical or mental performance or even decrease disease risks is the rapidly emerging idea in health (miller JA 1999). Indeed this concept is one of the core principles of Siddha medicine, an ancient Indian systems of medicine which emphasizes "Food is Medicine and Medicine is Food". Specific Food recipe / grains of food crops is prescribed along with medicines for each and every illness. However this concept is sidelined because of over reliance on designed drugs. Fortunately the current scenario is to give more emphasis on nutrition, which in turn thrown light on the traditional systems of medicine. This paper discusses the effect of nutraceuticals with respect to Siddha Medicine on various diseases such as Diabetes, Ischaemic heart disease, Bronchial asthma and HIV/AIDS. A pilot study has been conducted with **Arogya's Phyto Dianutra** a traditional Siddha medical food recipe in Diabetic mellitus. In this study, Streptozotocin induced diabetes rats were tested with oral glibenclamide alone and glibenclamide with Arogyadianutra. Clinically Low glycemic Index study also carried out with normal and diabetic individuals. The activities of marker enzymes ALT, AST, ALP, g-GT in plasma, liver and kidney of experimental rats in two groups were compared at 15 days and 30 days intervals. The results are highly satisfactorily statistically ($p<0.001$). Likewise Hexokinase Lactate dehydrogenase and glucose 6 phosphate dehydrogynase, glucose phosphotase and fructose-1, 6 biphosphotase in experimental rats were also compared between groups. The difference is statistically significant ($p<0.01$). The glycemic index of **Arogya's Phyto Dianutra** is found as 39.4 and that also found to be low glycemic functional food.

INTRODUCTION

Siddha system of Medicine is one among the Indian systems of Traditional medicines like Ayurvedha, a well-known Traditional Indian System of Medicine Siddha is also having its own philosophy, holistic approach, and life style oriented Medicare concepts. As the total system is observed, developed and structured by Ancient Tamil (one of oldest Indian Language) scholars and saints, this system nowadays also more prevalent among Tamil speaking People, living in South India, and few south east asian countries. The famous resolutions of Alam Ata (1970)[1] and Chiang Mai[2] were well dealt in the concepts of Siddha science many centuries before itself. As Siddha system more concern about which type of man is having the illness than which type of disease the man has. These Holistic and person oriented approach is the hallmark of this system and also this is the major disadvantage prevented from scientific validations for many centuries. But the changing western interests

Managing Director, Arogya Health Care Pvt. Ltd., Chennai - 600 010.

AMUDHAKALASAM SIDDHA LITERARY RESEARCH CENTRE

and lime light of herb drug industry, thrown light in many hidden traditional medical traits. In these attempts many Siddha recipes are nowadays screened by modern science and the efficiency is much appreciated. In this new millennium Nutraceuticals, functional food and dietary food supplements are considered as more scopeful emerging fields in the herb drug industry[3]. As food is medicine and medicine is food is one of the core philosophies of Siddha system of medicine, the Siddha concepts of Nutraceuticals have an edge over in this field. This paper is further review and describes the concepts, standardization, commercial conversion and pharmacological and clinical efficacy of selected Siddha Nutraceuticals.

LACUNAE IN THE CURRENT CONCEPTS OF NUTRACEUTICALS

The application of botanical medicines for both pharmaceuticals and nutraceuticals in the developed countries, continues to be strong and has grown in recent years. But in the field of nutraceuticals, again the same 'designed drug concepts' are adopted in the name of scientific validation and standardization. Though, this way of research in one hand helpful to arise new herbal food supplements, but at the same time because of loss of synergy in the food, the acceptance and desired health benefits become question mark some time. It's again become a million dollar question whether we make Phyto-pharmaceutical Pizza or Phyto food instead of Pizza? Mere blending of desired Phyto nutrients, flavonoids, antioxidants etc. won't produce desired results. In many cases this nutraceuticals concepts are nowadays used, as blanket to cover stringent drug rules, as in many developed countries the entry for nutraceuticals are much easier than Phyto medicines.

BASIC CONCEPT OF FOOD IN SIDDHA SYSTEM OF MEDICINE

Five elements (earth, water, fire, air and ether) develop six tastes (sweet, sour, pungent, salt, spice and astringent). This six tastes conjugate with one another and build three humors (Vali, Azal and Iyyam) of the body. Imbalance in these three humors produces the ailments or makes the man susceptible to get diseases. This is the fundamental ***Panchapoothic Panchikarna theory***[4]of Siddha philosophy. Every food is designed according to the need of the person's constituent based on this three humor. If a person /patient neglect to keep this, he/she pave the way to diseases and also every treatment includes specific food recommendations and restrictions according to the deviated three humors. Having this in

AMUDHAKALASAM SIDDHA LITERARY RESEARCH CENTRE

mind Tamil Siddha scholars of olden days developed some food recipes for many chronic ailments.

A. NUTRACEUTICALS FOR ASTHMA

Siddha classifies the Bronchial asthma, as *Manthara kasam*, a Kaba vatha disease according to its philosophy. In this line of treatment, the fire constituent of three humors should be upgraded and kaba and vatha humors should be suppressed. In other way, food, which can improve the Azhal, and thereby regulate the digestive system, is the primary object. The secondary objects are, the selected food should reduce the allergic response and mucous production.

By this way, the following food are recommended

Beverage: Hot herbal tea made with musumusukkai *(Melothria madraspatana)*, Thoothuvali *(Solanum trilobatum)* and Karisalai *(Eclipta alba)* greens

Porridge: Boiled rice with Manathakkali and sundai vatral seeds.

Turmeric *(Curcuma longa)*, Pepper *(Piper nigrum)* and palm crystals sprinkles in all food recipes.

The present day findings about *Melothria madraspatana* and *Solanum trilobatum* as anti asthmatic plants[5] and anti allergic activity of *Piper nigrum*[6] and expectorant activity of Turmeric *(Curcuma longa)*[7] further strengthen these concepts.

B. NUTRACEUTICALS FOR HYPERTENSION (HT) AND CARDIAC DISEASES (IHD)

Siddha classifies the HT and IHD, under *Azhal noigal*. HT is correlated as *kuruthiazhal noi* and IHD as *Iruthroganoi*.[8] In this line of treatment the excessive Azhal (fire) should be reduced. Food which can reduce Azhal, and thereby reduce the tension and stress of mind, relaxes the blood vessels and regulates the excretory system is recommended. To resolve the fire humor the water element food is sought, and thereby dinresis done. In this concept the following food is recommended

Beverage: Venthamarai (lotus) decoction, Marutham pattai (*Terminalia arjuna*) decoction

AMUDHAKALASAM SIDDHA LITERARY RESEARCH CENTRE

Greens: Aarai keerai,

Seeds: Cumin seeds,

Fruit juices: Lime juice, sugarcane juice, and Zinger juice

Porridge; boiled, brown rice (Manakkathi chamba, navarai) with onion, cumin seeds

The present day findings on *Terminalia arjuna* as cardiac tonic and anti hypertensive activity[9] strengthen the traditional observations.

C. NUTRACEUTICALS FOR IMMUNO SUPPRESSED CONDITIONS LIKE HIV

Siddha describes the state of low immunity as *Thathu vanmai inmai,* i.e., loss of strength in seven body constituents (chaaram- essence of food, chenneer-blood, oon-muscle, kozhuppu-fat, enbu-bone, moolai-bone marrow and chukkilam-semen/ovum). To enhance the immunity, they advocated mainly seeds, tender vegetables and few herbs.

Seeds: Poonaikali (*Mucuna pruriens*), Thetran kottai (*Strychnos potatorum*)

Greens: Thali keerai, thoothulai keerai, pasalai keerai, chiru keerai, murungai keerai

Roots: Aswagantha *(Withania somnifera)*

Porridge: Navarai (Traditional rice variety), Panchamutti *(Combination of Cajanus indices, Phaseolus mungo, Vigna radiata, Oriza sativa, Cicer arientinum seeds)*

Kalpam (herbal rejuvenators): Nellikkai[10], Cherankottai[11], karisalai

For opportunistic infections in HIV disease, following food can be recommended[12]

Pulmonary tuberculosis/Pneumococcus Pneumonea: porridge with thalisapathri[14]

Herpez zoaster: Honey with Borax[15]

Skin ailments like Psoriasis: Porridge with Sivanar vembu[16]

The current clinical research inferences[17] on HIV disease with the above said Siddha herbal drugs, favour these concepts.

AMUDHAKALASAM SIDDHA LITERARY RESEARCH CENTRE

2. NUTRACEUTICALS FOR DIABETICS

Siddha describes the Diabetes mellitus as one among the Mathumegam, Mega noi, where Piththa is elevated from normal. Kaba is having subsequent elevation. Food, which reduces the Pitha and Kaba, were recommended for this ailment.

Greens: Chirukurinjan,

Vegetables: Pagal *(Momordia charantia)*, Kovai *(Coccinea indica)*, Koththavarai,

Poridge: porridge with specific rice variety of Tamil Nadu (Indian state)

Seeds: Fenugreek, Navalkottai, Trifala seeds (seeds of *Terminalia chebula, Terminalia bellarica, Embellica officianalis)*

AROGYA'S PHYTO DIANUTRA

Recent data obtained from Diabetes control and complication trial (DCCT) clearly indicates that extensive insulin treatment and some chemical agents effectively delay the onset and slow the progression of long term diabetic complications. Nevertheless, even with the best clinical management available at present it is practically impossible to maintain Normoglycemia at all times throughout the life of Diabetic induviduals[18]. Accordingly, dietary treatments that effectively halt the hyperglycemic injury in diabetic patients would be great clinical importance[19]. In this regard, Arogya's phytodianutra is designed from the Siddha nutraceuticals concepts. The goals of the diet for diabetic patients are, whether used alone or in combination with oral drugs or insulin treatment, to stabilize the fluctuations of blood glucose concentrations, and in the long-term to prevent diabetic complication associated with persistent hyperglycemia[20]. Hence in this study, we have investigated the short term dietary effects of Phytodianutra combined with oral hypoglycemic agents glibenclamide in streptozotocin induced experimental diabetic rats and also Phytodianutra are compared bio-chemically with common porridge.

AMUDHAKALASAM SIDDHA LITERARY RESEARCH CENTRE

MATERIALS AND METHODS

Animals: Experiments were performed on male Wister strain weighting 180-200g. They are procured from the Veterinary college, Tamilnadu Veterinary University, Chennai, India. The animals were housed in individual, well ventilated cages (12 h light and dark cycle) and were fed a commercial rat pelleted diet (M/s Hindustan Lever Foods, Bangalore, India) and given water ad libitum.

Food and Chemicals: Phytodianutra used in this study are obtained from Arogya Health Care Pvt Ltd., Chennai – 600 010, India. Oral hypoglycemic agent glibenclamide obtained from Hoechst Marion Roussel Ltd., Goa, India and diabetes inducing agents streptozotocin (STZ) was get from Upjhon Company, Kalamazoo, (MI.USA).

Introduction of diabetes: Rates fasted for 24 hours were made diabetic by a single intraperitoneal (IP) injection of $55mg^{-1}$ streptozotocin freshly prepared in 0.1 M citrate buffer, pH 4.5. / Control animals received citrate buffer alone. STZ-treated animals were allowed to drink 5% glucose solution to overcome drug-induced hypoglycemia. Diabetic induction was conformed by the presence of hyperglycemia at second and seventh days after STZ injection. The minimum blood glucose level accepted for a diabetic rat was >240 mg DL^{-1}.

Experimental design: A week after injection of streptozotocin and citrate buffer rats were divided into three groups (six rat in each group) viz.

Group 1 - Control diabetic animals

Group 2 - Diabetes animals – treated with glibenclamide

Group 3 - Diabetes animals – treated with glibenclamide + Arogya Phyto Dianutra

Experiment was conducted for one month and it was divided into two successive treatment periods. In the first successive period (i.e. first 15 days of treatment period) the animals in group 2 and 3 were treated with glibenclamide (0.6mg/kg b.wt) and 3rd group combined with phytodianutra along with glibenclamide separately. In the second successive period (i.e. second 15 days of treatment period) oral hypoglycemic agent glibenclamide was withdrawn and the 3rd group animals were only treated with phytodianutra separately. During

AMUDHAKALASAM SIDDHA LITERARY RESEARCH CENTRE

this experimental period of one month, all rats were observed daily for any visible changes in their general condition, fluid and food intake and body weight were monitored daily and also blood glucose level and urea level were monitored at 7 days interval for one month.

At the end of the both experimental period, the animals were killed by cervical decapitation. The blood was collected in test tube using EDTA as a anticoagulant. Liver and Kidney from all animals were removed washed in ice-cold isotonic saline and blotted individually on ash-free paper. The tissues were then homogenized in 0.1M tris HCL buffer, pH 7.4 and used for enzyme assays.

Blood parameters like blood glucose, urea and marker enzymes in plasma, liver and kidney like Alanine transferase [ALT] and y-glutamyl transferase [y-GT] was estimated. In tissues (Liver and Kidney) glucose metabolizing enzymes like Hexokinase, Lactate dehydrogenase [LDH], glucose-6-phosphatase, Fructose –1-6- biphosphatase, glucose-6 phosphate dehydrogenase were determined.

Table 1: Levels of body weight, fluid intake and food intake of experimental animals. Values are expressed As mean ± SD. Six animals in each group.

	Body Weight (g)			Fluid Intake *ml/day/kg body wt)			Food intake (g/day/kg body weight)		
	Initital	15 Days	30 Days	Initital	15 Days	30 Days	Initital	15 Days	30 Days
Group 1	194 ± 6.00	211±6.00	220±8.00	298±11.00	296±12.00	302±13.00	152 ± 7.00	150±10.00	170± 9.00
Group 2	192 ± 7.00	180±6.00	172±4.00	301±17.00	260±21.00	280±27.00	149±12.00	130±13.00	152±16.00
Group 3	192 ± 5.00	207±7.00	202±8.00	300±18.00	170±11.00	170±10.00	152±11.00	126 ± 8.00	130±8.00

Fig 1:

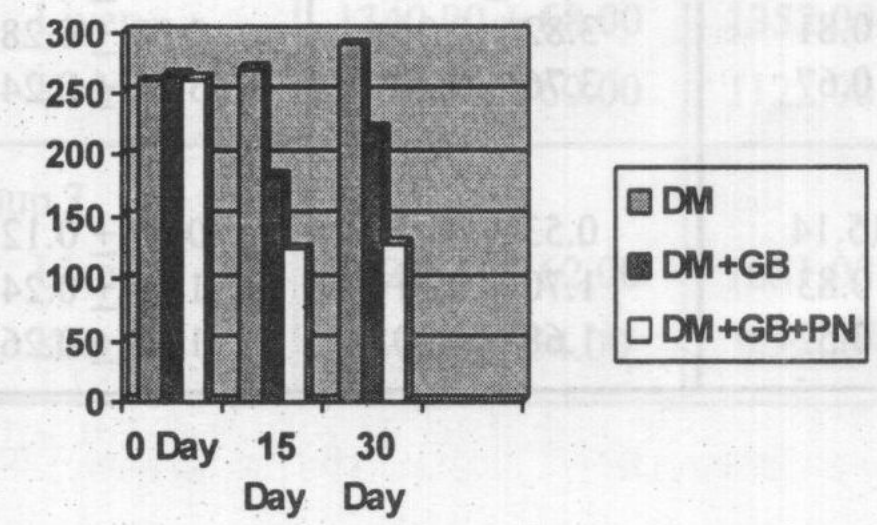
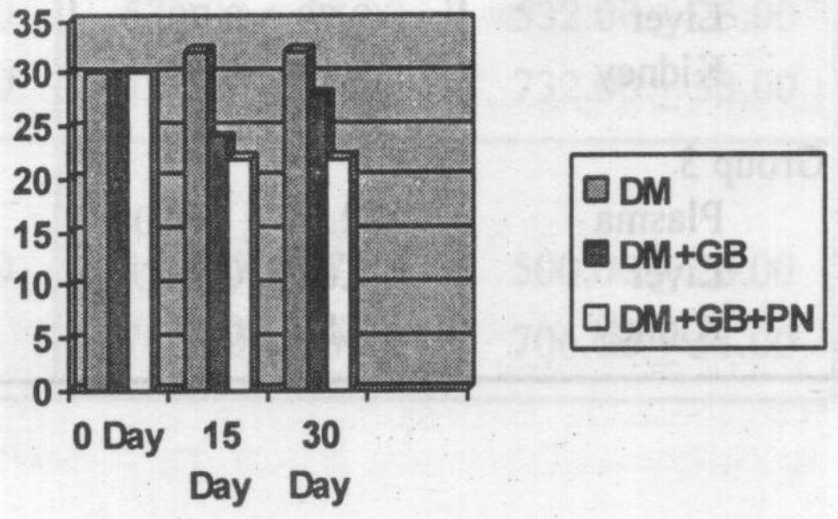


Fig 2:



AMUDHAKALASAM SIDDHA LITERARY RESEARCH CENTRE

Table 2: Activities of Marker enzymes ALT and AST in plasma, liver and kidney of experimental rats. Values are expressed as mean ± SD. Six animals in each group.

	ALT (μ mol of pyruvate liberated/min/mg protein)		AST (μ mol of pyruvate liberated/min/mg Protein)	
	15 Days	30 Days	15 Days	30 Days
Group 1				
Plasma	42.12 ± 3.60	46.18 ± 3.90	7.82 ± 0.48	8.12 ± 0.57
Liver	14.13 ± 1.20	15.32 ± 1.20	7.63 ± 0.46	7.98 ± 0.53
Kidney	16.32 ± 1.42	17.13 ± 1.45	5.29 ± 0.31	5.43 ± 0.32
Group 2				
Plasma	29.18 ± 2.56	28.84 ± 2.20	5.94 ± 0.38	5.81 ± 0.29
Liver	9.94 ± 0.81	9.90 ± 0.73	5.64 ± 0.30	5.61 ± 0.33
Kidney	11.12 ± 0.96	11.00 ± 0.82	3.50 ± 0.23	3.35 ± 0.19
Group 3				
Plasma	26.92 ± 2.12	27.28 ± 2.35	4.62 ± 0.38	6.59 ± 0.31
Liver	10.17 ± 0.62	10.42 ± 0.73	4.24 ± 0.24	6.15 ± 0.29
Kidney	11.22 ± 0.71	10.88 ± 0.60	4.16 ± 0.19	4.10 ± 0.18

Table 3: Activities of Marker enzymes ALP and g-GT in plasma, liver and kidney of experimental animals. Values are expressed as mean ± SD. Six animals in each group.

	ALT (μ mol of pyruvate liberated/min/mg protein)		γ -GT (μ mol of p-nitro aniline formed min/mg Protein)	
	15 Days	30 Days	15 Days	30 Days
Group 1				
Plasma	246.35 ± 21.64	244.17 ± 21.30	4.20 ± 0.21	4.36 ± 0.27
Liver	13.78 ± 0.92	13.70 ± 0.93	6.89 ± 0.32	6.96 ± 0.39
Kidney	9.57 ± 0.62	9.63 ± 0.67	6.10 ± 0.35	6.18 ± 0.40
Group 2				
Plasma	191.66 ± 17.43	199.68 ± 16.58	2.54 ± 0.12	2.71 ± 0.16
Liver	9.70 ± 0.79	9.60 ± 0.81	3.82 ± 0.26	3.90 ± 0.28
Kidney	7.11 ± 0.58	8.62 ± 0.67	3.76 ± 0.23	3.72 ± 0.24
Group 3				
Plasma	182.14 ± 14.80	180 ± 15.14	0.53 ± 0.11	0.60 ± 0.12
Liver	7.61 ± 0.73	7.60 ± 0.83	1.70 ± 0.21	1.68 ± 0.24
Kidney	4.86 ± 0.51	4.92 ± 0.52	1.68 ± 0.20	1.58 ± 0.26

AMUDHAKALASAM SIDDHA LITERARY RESEARCH CENTRE

Table 4: Activities of Hexokinase, Lactate dehydrogenase, and glucose-6-phosphate dehydrogenase in experimental rats. Values are expressed as Mean ± SD. Six animals in each group.

	Hexokinase (μmol of G-6-p formed/h/mg protein)		Lactate dehydrogenase (μmol of pyruvate formed/h/mg/protein)		Glucose-6-phosphate dehydrog (μmol of G-6-p liberated n/h/mg Protein)	
	15 Days	30 Days	15 Days	30 Days	15 Days	30 Days
Group 1						
Liver	139.00 ± 10.00	127.00 ± 9.00	449.00 ± 29.00	460.00 ± 28.00	248.00 ± 18.00	239.00 ± 19.00
Kidney	130.0 ± 9.00	109.00 ± 7.00	653.00 ± 37.00	657.00 ± 39.00	278.00 ± 21.00	267.00 ± 20.00
Group 2						
Liver	232.00 ± 14.00	234.00 ± 15.00	440.00 ± 24.00	432.00 ± 22.00	526.00 ± 37.00	538.00 ± 34.00
Kidney	145.00 ± 9.00	149.00 ± 11.00	495.00 ± 28.00	493.00 ± 29.00	549.00 ± 35.00	555.00 ± 33.00
Group 3						
Liver	255.00 ± 13.00	267.00 ± 16.00	247.00 ± 17.00	251.00 ± 16.00	574.00 ± 39.00	579.00 ± 41.00
Kidney	166.00 ± 11.00	168.00 ± 12.00	457.00 ± 31.00	459.00 ± 30.00	628.00 ± 42.00	632.00 ± 44.00

Table 5: Activities of glucose-6 phosphotase and fructose-1, 6-biphosphatase in experimental rats. Values are expressed as Mean ± SD. Six animals in each group.

	Glucose-6-phosphatase (μmol of pi liberated/h/mg/protein)		Fructose-1, 6-bisphosphatase (μmol of pi liberated/h/mg/protein)	
	15 Days	30 Days	15 Days	30 Days
Group 1				
Liver	1897.00 ± 81.00	1936.00 ± 85.00	772.00 ± 34.00	786.00 ± 36.00
Kidney	1444.00 ± 76.00	1526.00 ± 73.00	919.00 ± 48.00	938.00 ± 47.00
Group 2				
Liver	1340.00 ± 68.00	1352.00 ± 71.00	536.00 ± 28.00	532.00 ± 25.00
Kidney	1126.00 ± 60.00	1122.00 ± 63.00	729.00 ± 31.00	732.00 ± 33.00
Group 3				
Liver	1025.00 ± 62.00	1031.00 ± 64.00	493.00 ± 27.00	500.00 ± 28.00
Kidney	961.00 ± 54.00	963.00 ± 56.00	701.00 ± 29.00	706.00 ± 31.00

AMUDHAKALASAM SIDDHA LITERARY RESEARCH CENTRE

Results

Table 1 shows the body weight, fluid and food intake of experimental animals, and the body weight of diabetic animals, decreased significantly throughout the experimental period. When after treated glibenclamide along with Phyto Dianutra the diabetic animals exhibited body weight gain when compared with diabetics control. However, after the withdrawal of glibenclamide for 15days the 2nd group animals showed weight loss, comparing phytodianutra (Group 3) treated rats.

The fluid and food intake of diabetic animals were increased significantly. After 15 days of glibenclamide and dietary treatment of Phyto Dianutra decreased the fluid and food intake of diabetic animals to near normal level, when compared with diabetic control. Withdrawal of glibenclamide in back to diabetic level. Only the Phyto Dianutra treated rats were maintained normal fluid and food intake level even after withdrawal.

Fig 1 and Fig 2 shows the blood glucose and urea level of the diabetic animals are highly elevated in entire experimental period. However, glibenclamide combined with dietary effect phytodianutra treated diabetic rats exhibited reduction of glucose and urea level approaching near normal levels. After the withdrawal of glibenclamide in diabetic treated rats, the hyperglycemic and urea condition reappears within 7 days. Exceptionally phytodianutra alone treated diabetic rats remains maintained a glucose and urea level resembled at the day of during the withdrawal of glibenclamide.

Table 2 and 3 depicts the marker enzymes. ALT, AST, ALP and r-GT activities in plasma, liver, kidney were elevated in diabetic animals. After treatment of glibenclamide combined with dietary effect of phytodianutra significantly halt the activities of all the enzyme level to near normal. However, withdrawal of glibenclamide, resulted increased the activity of all the enzymes level near to the diabetic conditions. Phyto Dianutra (Group 3) treated diabetic rats alone remains maintained all the enzymes activities near normal level.

Table 4 and 5 shows the glucose metabolizing enzymes like Hexokinase, glucose-6-phosphate dehydrogenase activities were declined and glucose-6-phosphatase. LDH, Fructose-1, 6-bisphosphatase activity of Hexokinase and glucose-6-phophate

AMUDHAKALASAM SIDDHA LITERARY RESEARCH CENTRE

dehydrogenase in diabetics were increased significantly during the first 15days of treatment in all groups of diabetic treated animals and also the increased level of LDH, glucose-6-phosphatase and fructose-1, 6bisphosphatase were lowered in first 15days of treatment. However, in the second successive treatment period (withdrawal of glibenclamide) all the restored enzymes activities reverted back from normal to diabetic level. Only the group 3 treated animals maintained the normal activities of all the enzymes level in the duration of second 15 days of experimental period.

Low glycemic Index

Foods, which are having low glycemic index, are found to be useful in the dietary management of Diabetes mellitus[21]. Sudden elevation of blood glucose level damages the cells and thereby paves the way to long-term Diabetic complications. Diet, which liberates glucose in a slow and steady manner, will be the choice of diet, in NIDDM and IDDM. In this concept, Phyto Dianutra, is designed as low glycemic diet supplement. This principle is studied clinically as per Miller et al[22]. The results shown that the glycemic index of Phytodianutra is 39.4.

Conclusion

In conclusion, diets for individual with diabetes must be based on sound scientific evidence. Although advances in nutrition during the past two decades have shown that the type and quality of carbohydrate or carbohydrate containing foods have nutritional benefits, it is not yet proven that the same benefit will be found in real life. Since, the important diet in the treatment of diabetics has been recognized for a considerable time. Dietary management of diabetes includes the aim of maintaining blood glucose concentration at normal levels. At present, the glycaemic index approach has been accepted as a useful tool in diabetic management. So in this study we also performed work on enzymatic level and glycaemic index studies. The data from this study shows that there is a significant difference in the glucose, urea level and marker enzymes, and glucose metabolizing enzyme levels responses to Phyto Dianutra was obtained.

Siddha system of medicines, strongly emphasis the value of food intake and food restrictions for each and every ailment. Phyto Dianutra is an attempt to reveal the modern science

AMUDHAKALASAM SIDDHA LITERARY RESEARCH CENTRE

validity of the Siddha systems empirical truth. The favorable results warrant us to develop specific food supplements for each and every chronic disease.

References

1. Health For All by 2000 A.D – Alam Ata Resolution by WHO

2. Saving Lives by Saving Plants – Chang Mai Resolution by WHO

3. S. Agarwal et al, 2002, Herbal Drug Industry

4. R.Thiagarajan, Siddha Maruthuvanga Churukkam 1967, Dept. Of Indian medicine Publication, Tamil Nadu

5,6,7. Anti-Asthmatic effects of Siddha Medicinal Plants, National Conference on Siddha Medicine, Tamil University, Tanjore, 1998.

8. Siddha Maruthuvam

9. Senthil Kumar et al, 2000, National Conference on Siddha Medicine, Chennai.

10–17. Proceedings of HIV–AIDS workshop, October 2001, 13 – 19, Health India Foundation Publications.

18. Diabetes Control and Complication Trial Research Group (1993). The effect of intensive treatment of diabetes on the development and progression of long-term complication in insulin dependent diabetes mellitus. N. Engl J Med 329: 977 – 986.

19. Halsted CH (1999). The relevance of clinical nutrition education and role models to the practice of medicine. Euro J Clin Nutrn 53 (Suppl 2): S29 – S34.

20. Vusitupu MIJ (1994) Fructose in the diabetic diet. Am J Clin Nutrn 59 (Suppl): 753S – 757S.

21,22. H.N. Larsen et al, European Journal of Clinical Nutrition, (2000) 54, 380 – 385

AMUDHAKALASAM SIDDHA LITERARY RESEARCH CENTRE

REDUCTON IN EXERCISE INDUCED BRONCHIAL LABILITY IN ASTHMATICS FOLLOWING YOGA.

A. SUDHARANI S. TELLUS R. NAGARATHNA H.R. NAGENDRA

ABSTRACT

The present study was designed to assess the effect of yoga practice on exercise induced bronchial lability in 35 bronchial asthmatics, with ages ranging between 18-65 years at the beginning and end of 14 days of yoga practice. A non-yoga age matched control group of asthmatics was similarly assessed. Exercise was in the form of on-the- spot jogging for 10 minutes. The peak flow rate (PFR) was measured with the mini- Wright peak flow meter and recorded every minute during jogging and for 10 minutes after the exercise. Based on changes in the PFR during and after exercise the bronchial lability index was calculated (BLI= % rise during exercise + % fall after exercise). The yoga group showed a significant decrease in BLI (26.7 %, $p<0.003$; t-test) test, and a significant reduction in medication scores (71 %, $p<0.001$). There were no changes in the control group. Hence yoga therapy appeared to reduce exercise induced bronchial lability in asthmatics. The exact mechanism remains to be understood.

Keywords: bronchial lability index peak flow rate yoga.

INTRODUCTION

Several scientific studies have demonstrated the beneficial effects of yoga in bronchial asthma. Yoga, the science for controlling the modifications of mind by relaxing the muscles, slowing down of breath and calming down of mind and thus evoking stabilizing and expanding awareness in all our transactions is being used in the management of stress related, psychosomatic ailments.

An integrated approach of yoga therapy has been developed at Vivekananda Yoga Research Foundation, Bangalore, which aims at correcting imbalances at all levels. It consists not only of Asanas (physical postures), pranayama (voluntary regulated yoga breathing), kriyas (cleansing techniques), meditation, devotional sessions, extensive coverage of the theory and philosophy of yoga. This approach has been found beneficial in treating asthma. Fifty three subjects with asthma underwent training for two weeks in the above mentioned integrated set of yoga practices for 65 minutes daily (Nagarathna & Nagendra, 1985). They were compared with a control group of 53 subjects with asthma matched for age, sex, type and severity of asthma who continued to take their usual medication. There was a significantly greater improvement in the group who practiced yoga in the weekly

Swami Vivekanada Yoga Research Foundation, Bangalore, India

AMUDHAKALASAM SIDDHA LITERARY RESEARCH CENTRE

number of attacks of asthma, scores for drug treatment, and peak flow rate. When an integrated approach of yoga therapy was practiced regularly over 3-54 months and compared to a control group, there was a decrease in the number of asthma attacks per week, reduced intake of medications (including steroids) and improved PFR (Nagendra & Nagarathna, 1986). This approach also includes an 8-step yoga chair breathing exercise, which has proved useful for acute episode of bronchospasm (Nagarathna, Nagendra, & Seethalakshmi, 1991). Another study demonstrated a particular maneuver called kunjal to be helpful in asthmatics (Singh, 1987).

Based on these reports of the benefits of yoga therapy for asthmatics this study was undertaken to evaluate whether yoga practice would reduce exercise induced bronchial hyperresponsiveness and lability.

METHOD

Patients

Bronchial asthmatics who fulfilled the diagnostic criteria of Shivpuri were included in the trial (Nagarathna & Nagendra, 1985). The signed informed consent of all patients was taken. There were two groups of bronchial asthmatics i.e., yoga and control groups. The yoga group were 35 (6 females) bronchial asthmatics whose ages ranged from 18 to 65 years (Group average age 35.6 ± 12.7 years). The control group had the same age and number of subjects (Group average age 35.1 ± 12.8 years). The yoga group was residing in a yoga institute and receiving yoga training, while the control group was l equally motivated to receive yoga but were told that they would receive training after the trial.

Design

Assessments were made initially and after 14 days of yoga training. During the 14 days, the yoga group received yoga training while the control group did not receive yoga training, instead they carried on with their routine activities.

AMUDHAKALASAM SIDDHA LITERARY RESEARCH CENTRE

Assessment

The bronchial lability index was assessed at the beginning and end of 14 days of yoga practice. All participants were similarly assessed. The peak flow (PFR in l/min) was recorded using the mini Wright peak flow meter (U.K.). The PFR was taken every minute during an indoor spot jogging session of 10 minutes and every minute after jogging for 10 minutes. Sympathomimetic bronchodilators were avoided 48 hours before the test. Patients were asked to avoid using inhalers for 12 hours before the test. The bronchial lability index (BLI) was calculated using the formula: BLI= % rise in PFR during exercise + % fall in PFR after the exercise (Godfrey, Silverman & Anderson, 1973).

Yoga training

The yoga group received 14 days training in physical postures (asanas) for 90 minutes, voluntarily regulated breathing (pranayama) for 60 minutes, cleansing practices (kriyas) for 30 minutes, meditation for 20 minutes, devotional sessions for 60 minutes, guided relaxation for 60 minutes and lectures on the theory and philosophy of yoga for 60 minutes. The control group did not practice yoga but they were under close supervision by the therapist for the 14 days while carried on with their usual activities.

Data Analysis

Separate test for paired data were performed comparing the values at Day 14 (after) with Day I (before).

Results

There was a significant reduction in bronchial lability index (26.6 %, $p<0.003$) and in the medication scores (71 %, p0.001) in the yoga group. Whereas the control group did not show any change.

The data of the subjects in the two-group viz., both the yoga and the control group are given in Tables 1 & 2. Values are Group mean ± SD.

AMUDHAKALASAM SIDDHA LITERARY RESEARCH CENTRE

Table I

Bronchial lability Index (BLI) for both Yoga and Control groups before and after 14 days of Yoga training

	BLI	
Group	Before	After
Yoga	48.3 ± 25.5	35.4 ± 25.9*
Control	55.5 ± 19.4	54.7 ± 22.9

*p<0.003. paired t-test. after versus before

Table 2

Medication scores for the Yoga and Control groups before and after 14 days of Yoga training

	Medication Scores	
Group	Before	After
Yoga	2.11 ± 1.8	0.60 ± 0.8*
Control	1.89 ± 1.1	1.80 ± 1.3

*p<0.001. paired t-test. after versus before

Discussion

In the present study the yoga group showed a significant decrease in exercise provoked bronchial lability, and a decrease in medication scores following 14 days of yoga practice. In contrast, the control group who did not receive yoga, showed no change.

In an earlier study yoga improved the exercise lability index based on free range running in young adult asthmatics (Jain, Rai, Valecha, Jha, Bhatnagar, 1991; Jain, & Talukdar, 1993). To understand whether mast cell activation is a feature of exercise induced

AMUDHAKALASAM SIDDHA LITERARY RESEARCH CENTRE

bronchoconstriction, a study measured urinary metabolites of mast cell mediators (0 Sullivan, Roquet, Dahlen, Larsen, Ekiund, Kumlin, 0 Byrne, & Dahlen, 1998). This provided clear evidence for mast cell activation during exercise-induced bronchoconstriction in asthmatics. Further studies are required to understand the mechanisms underlying the reduction in bronchial lability in asthmatics following yoga. For example, it needs to be understood whether this benefit is due to stabilization of mast cell membranes, better balance in the autonomic regulation, or some other mechanism.

REFERENCES

GODFREY, S., SILVERMAN, M., & ANDERSON, S.D.(1973) Problem of interpreting exercise-induced asthma. *Journal of Allergy and Clinical Immunology*, 52:199.

JAIN, S.C., RAI, L., VALECHA, A., JHA, U.K., BHATNAGAR, S.O., & RAM, K. (1991) Effects of yoga training on exercise tolerance in adolescents with childhood *asthma. Journal of Asthma,* 28 (6):437-442.

JAIN, S.C., & TALUKDAR, B. (1993) Evaluation of yoga therapy for patients of bronchial asthma. *Singapore Medical Journal*, 34(4):306-308.

NAGARATHNA, R., & NAGENDRA, H. R. (1985) Yoga for bronchial asthma: A controlled study. *British Medical Journal*, 291, 1077-1080.

NAGARATHNA, R., NAGENDRA, H.R., & SEETHALAKHMI, R. (1991) Yoga-chair breathing for acute episodes of bronchial asthma. *Lung India,* IX (4), 141-144.

NAGENDRA, H. R., & NAGARATHNA, R. (1986) An integrated approach of yoga therapy for bronchial asthma: A 3-54 months prospective study. Journal of Asthma, 23(3) 123-137.

O' SULLIVAN, S„ ROQUET, A., DAHLEN, B., LARSEN, F., EKLUND, A., KUMLIN, M., 0' BYRNE, P. M., & DAHLEN, S. E. (1998) Evidence for mast cell activation during exercise-induced bronchoconstriction. *European Respiration Journal,* 12(2): 345-350.

SINGH, V. (1987) Kunjal: A non-specific protective factor in management of bronchial asthma. *Journal of Asthma*, 24, 183-186.

TOTH, A., & VASTAG, E. (1980) Site of bronchospasm in exercise-induced asthma. *Respiration,* 39 (5): 251-255.

AMUDHAKALASAM SIDDHA LITERARY RESEARCH CENTRE

SLIMMING MADE EASY

DR. S. T.VENKATESWARAN,
Govt Naturopathy & Yoga Medical College, AAGHIM, Arumbakkam, Chennai - 600106

Ten Commandments

1. Remember early to bed and early to rise
2. Drink a glass of mud pot water on empty stomach in the early morning. Drink atleast 12 glasses of water a day (intermittently).
3. Apply cold pack on abdomen for 10 minutes (On raising from bed) in the early morning.
4. Do Pranayama (Brisk Breathing Exercises) plus 30 minutes yogic exercises. Practice atleast for 5 days a week. Don't overdo exercise, 30 minutes exercises plus 5 minutes relaxation is more effective.
5. Reduce: Roots, Tubers, Coconut, Nuts, deep fried food, oily pickles, salty food, bakery products and all Non-veg.
6. Have a very light dinner. Never skip your breakfast
7. Eat plenty of fruits, (except banana, sapota, and custard apple. mango, Jackfruit and grapes) Raw veg. Salad, boiled vegetables and greens.
8. Use Oat bran, whole wheat and Soya instead of refined rice products.

   Never remain only on Soya or any other mono diet.
9. Use only skimmed milk for Curd, Coffee, and Tea etc.
10. Secret to be slim and healthy is to avoid sweets and sugar in any form.

- Remember obesity is also a disease so take treatment only under a qualified medical professional.

AMUDHAKALASAM SIDDHA LITERARY RESEARCH CENTRE

DESIGNING OF RURAL INFORMATION CENTER FOR HERBAL SYSTEM OF MEDICINE

***A. Thirumagal **Manorama Srinath ***G. Gnana Sekari**

ABSTRACT

Basically Indian system of medicine consists of herbs, metals and minerals which are abundantly available in rural areas in India. The rich medicinal value of herbs and minerals have not been recognized properly not only by urban society but even by rural population. At present Indian system of medicine such as Siddha and Ayurveda are gaining popularity not only within the country but also in foreign countries. Foreign pharmaceutical companies have utilized the ignorance of general public about the significance of the herbs and the minerals and also due to the secrecy maintained by the ancient Indian medicinal practitioners for the commercialization. For example, neem and turmeric, which are abundantly available in India, were considered as ingredients to prepare effective medicines for ailments in ancient days. Similarly, clove is an ingredient which is not only used for cooking delicious food but also for preparing medicines by the ancient practitioners in India. In spite of the rich knowledge of preparation of drugs with the herbs and other ingredients, they failed to document their knowledge properly and patent the medicines, which has proved as a very advantageous position for foreign, commercial medical organizations. Hence, this situation warrants creating a rural center for herbal system of medicine, which will create and awareness of the medicinal value of herbal plants among the rural people.

This article explains the stages involved in designing the rural information center for herbal system of medicine. This is based on the research work going on by a researcher at University of Madras, in the Department of Library and Information Science.

The Designing of rural information system for herbal system of medicine in three phases. Which are explained below.

I Phase

Planning stage:

Three villages in Changalpattu District namely in Pennalur, Poonthandalam, Poonankulam were selected as the study area. These three villages has been selected since no medical facilities are available in these villages and the villagers have to travel more than 11 kilometers to reach Chengalpattu Medical Hospital.

A feasibility study for establishing a rural information center for Herbal System of medicine was conducted which involved a survey method through which the information requirement of the villagers were assessed. The survey revealed such a venture will be immensely useful for the villagers

---

* Asst.Librarian, The TN.Dr.M.G.R.Medical University, Chennai.
** Professor, Dept.of Library and Information Science, University of Madras, Chennai.
*** *Libraian, Literary Research and Documentation Dept., CRIS, Chennai.*

AMUDHAKALASAM SIDDHA LITERARY RESEARCH CENTRE

II Phase:

Establishing a rural information center:

The community hall in a Pennalur was identified as a suitable place for establishing a rural information enters for herbal system of medicine. With the permission of the Head of village Panchayat and with the help of Volunteers of Youth Association a computer was installed with Internet connection. A database of herbal medical plants was created, which contains the names of medicinal plants and their medicinal values.

For example

Turmeric:

Turmeric is powerful anti-inflammatory. Turmeric improve the action of liver and traditional remedy for jaundice. It not only relive pain but also very useful for arthritis. Turmeric is very useful in treating a number of skin diseases like psoriasis and fungal infection.

Garlic:

Garlic reduces blood fat level. Garlic is an excellent remedy for all types of chest infections. It is good for cold, flu and ear infections. It lowers cholesterol level and blood pressure. It reduces blood sugar level. It is good for cold, flu, ear infection and it helps to reduce catarrh.

Gotu Kolu:

It is used specifically to treat leprosy, wounds, skin ulcers and other skin problems. It is also taken for fertility and as a tonic for poor digestion and rheumatism. Fresh leaves are given to children for dysentery.

Lemon:

Lemon is a valuable preventive medicine. Its antiseptic and cleaning actions make it valuable for these prone to infections and fever. Its ability to strengthen blood vessels walls helps prevent circulatory disorders and bleeding gums. Lemon is also useful as a general tonic for many chronic illnesses. It is a food that helps maintain general good health.

AMUDHAKALASAM SIDDHA LITERARY RESEARCH CENTRE

Coleus:

It has important therapeutic benefits, which include lowering high blood pressure, relaxing smooth muscle, and increasing the release of hormones from the thyroid gland, stimulating digestive secretion and reducing pressure with the eye.

Ginger:

Ginger is an excellent remedy for many digestive complain. It is also highly beneficial for gastrointestinal infections. Ginger stimulates the circulation, it helps high blood pressure. It educe the body temperature in fever.

Neem

Every part of the Neem tree is used for medicinally. The leaves of traditionally steeped for malaria, peptic ulcers and intentional worms. Neem juice (expressed from the leaves), ointment is applied externally to ulcers, wounds and boils. The twigs are used to clean the teeth and preventing given disease. Neem oil expressed from the seeds is commonly used as a hair dressing. It prevents lice and other infestations. The oil is used to treat leprosy.

Just like this we explained so many medicinal plants and its medicinal values.

III Phase:

Awareness Program:

To create awareness regarding the establishment of rural information center a free medical camp was organized in Pennalur village under the leadership of Dr.Siddhan, the Deen of Chengalpattu Medical College. Apart from doctors of Allopathic Medical System doctors from Siddha and Ayurvedic medical system were invited to attend medical camp. This free medical camp was attended by more than 900 villagers from the three villages. Honorable Minister of Handloom and Textile

Thiru E. Somasundaram inaugurated the center. This venture of establishing a rural information center for medicinal plants was welcomed by the villagers.

Future Plan:

The study conducted to reveal the rural information center for medicinal plants would be immensely useful for the villagers. So for the study had been conducted by the researcher

AMUDHAKALASAM SIDDHA LITERARY RESEARCH CENTRE

with help of the village Youth Association. Establishing a full-fledged information center will require financial resources. A model of rural information center for medicinal plants has been evolved from this study. The model has been descried below:

Information center:

The location of this center should be approachable to all the three villagers. The connivance is available in Pennalur village. So that the population of the two villagers has been easily access. The building can be erected near the community hall were public transport system is available. The building can have an air-condition room for computer information processing one stack room, one hall for holding discussion and lectures and one reading room.

With the above requirements the building plan to be prepared.

Staff requirement:

An Assistant Librarian, A System Analysis, A Typist, A Clerical Staff, A Peon

Doctors from Siddha and Ayurvedic medical system can be appointed as advisers.

Other Infrastructures:

Computer with Multimedia kit, Laser Printer, Scanner, Necessary software such as MS-Office etc. Furniture and other stationary material

Parent Body:

Initially the center could be maintained by the Government funds. Later it can be attached to a public library. And it can be function under the purview of public library. Budget plan has not been provided in this article. Since the cost of building materials and other infracture will be fluctuating. The budget plan is prepared at the time of the establishment of the full-fledged information center, which depends on the acceptance of this proposal by the Government.

It is proposed the plan for establishing the information center should be submitted to the Government.

AMUDHAKALASAM SIDDHA LITERARY RESEARCH CENTRE

With best compliements from

ஏழையின் சிரிப்பில்
இறைவனைக் காண்போம்

Multi speciality surgical hospital
where advanced medical facilities are made available.

24 Hrs emergency service and has the following facilities.

- Sri Durga Laparoscopy Centre, Endoscopy, Scan
- Modern Labaratory - Computerized Automatic Semi Auto Analyzer & Elesa Reader, Pus culture and sensitivity, X-Ray, Pharmaceuticals.
- Sri Durga Omni Service.

Sri Durga Surgical Clinic and Research Centre

Scientist Dr. Abdulkalam Salai,
Thottiyampatti,
Ponnamaravathy,
Pudukkottai District,
Tamil Nadu - 622 407.

☎
04333-260295
04333-263677

NARKUNJ AYURVEDIC PHARMA PRODUCTS

Shop # 6, Arihant Apartments, Raja Anna Malai Road, Purasaiwalkam, Chennai - 600 084.
Phone : 26411815, Fax : 26480587 E-mail : narkunj@vsnl.com

Ayurvedic products Such as :

Arthocare	-	In R.A., O.A., Ankylosing Spondylitis, Cervical Spondylosis and Degenerative Joint Disease.
Acnenil	-	For a clear complexion
Calmtone	-	For calmness of mind
ADBAC	-	Best Natural Immuno - Stimulant Natural Addition to Anti-Bacterial Theraphy
Lactomax	-	For Enhanced Lactation.
Cyclotone	-	In Menorrhagia, Metrorrhagia, Irregularities in The Menstrual Cycle & pre - Menstrual Sydrome.

Trade Enquires solicited from all dists.
In Tamil Nadu, Kerala, Karnataka & Andrapradesh

UTTAM NATURALLY

UTTAM PHARMA LABS PVT. LTD., Mumbai

With best compliments from :

★ **Sri Sankara Ayurveda Medical College**
★ **Sri Sankara School of Management & Computer Science**
★ **Sri Sanakra College of Yoga & Naturopathy**
★ **Sri Sankara Ayurveda Medical College Hospital**
★ **Sri Sanakra Herbal Products**
★ **Trichy Computers**

Sannasipatti, Poolankulathupatti (Post), Trichy - 620 009, Tamil Nadu, India.

College : 0431 - 2695569 / 2695555 / 2695222 / 2695233
Admn Office : 0431 - 2416680 / 2463590 / 2463500
Fax : 0431 - 2458139 Residence : 0431 - 2352229
Mobile : 0-98430 - 54800 E-mail : siva_sankarain@yahoo.co.in

G. RANGARAO, I.A.S., Retd.
Chairman

PROF. B. SIVARAMAKRISHNAN, M.B.A., P.G.D.C.A.
Director

AMUDHAKALASAM SIDDHA LITERARY RESEARCH CENTRE

With Best Compliments From

BALAJI CORPORATE SERVICES PVT. LTD.,
CHENNAI

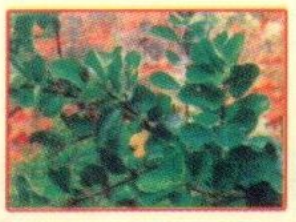
MSS
EXPORTS
M.S.S. ASAN & SON

Exporters of :
Indian Species of Herbs, Medicinal Plants,
Herbal Medicines & Essential Oils
93, Balamore Road, Nagercoil - 629 001, Tamilnadu, India

Contact Numbers :

Shop	: 0091 - 4652 - 222235
Adminitrative Off	: 0091 - 4652 - 225621
Fax	: 0091 - 4652 - 224373
Resi	: 0091 - 4652 - 226181
Mobile - Managing Director	: 0091 98430 - 58052
Mobile - Marketing Executive	: 0091 98430 - 93805
Mobile	: 0091 - 98432 - 22247

Visit us : www.mssasan.com
E.mail : mssasan@vsnl.com



- Siddha & Ayurveda Medical Home
- Export
- Tarzan Publishing House
- Free Medical Camp

AMUDHAKALASAM SIDDHA LITERARY RESEARCH CENTRE

MILKA

WONDER CAKE

அற்புதமான ஆறு சுவைகளில்

AMUDHAKALASAM SIDDHA LITERARY RESEARCH CENTRE

KAPL

Kerala Ayurveda Pharmacy Ltd.

A Company pioneering in Research & Development Plant Based Medicine, recognised as a Centre of Excellence by the Ministry of Science & Technology, Govt. of India with GMP Certificate

ALSACTIL	:	HERBAL REMEDY FOR HYPERACIDITY
BALAKALPAM	:	A COMPLETE TONIC FOR INFANTS & CHILDREN
BIOGEST	:	AN ANTI-INFECTIVE REMEDY FROM NATURE
GESTATONE	:	A TONIC FOR NURSING MOTHERS IMPROVES LACTATION
GLYMIN	:	A SAFER APPROACH TO TREAT DIABETES
HEPATONE	:	A COMPLETE LIVER TONIC
HISTANTIN	:	A VERSATILE COMBINATION OF ANTI-ALLRGIC HERBS
INTELACT	:	AN IDEAL HERBAL BRAIN NOURISHNER
ICLEAR	:	AN IDELA SOOTHING AND PROTECTIVE AID FOR EYES
IOGEN	:	AN IDEAL IRON SUPPLEMENT WITH NATURAL VITAMIN - C
KESINI HAIR OIL	:	A HAIR TONIC FOR GROWTH & BLACKENING OF HAIR AND FOR TREATING DANDRUFF
LAXINOL	:	A MILD HERBAL LAXATIVE
LIPOSEM	:	AN EFFECTIVE CARDIAC PROTECTIVE HYPOTENSIVE & AN ANSWER FOR HYPER -CHOLESTREMIA
MATHRUKALPAM	:	A COMPLETE TONIC FOR POST - NATAL CARE FOR MOTHERS
MYAXYL LINIMENT	:	AN ANALGESIC, ANTI- INFLAMMATORY LINIMENT
NATURONE	:	A GENERAL TONIC FOR INFANTS & CHILDERN
NORMACT	:	NORMALISES BLOOD PRESSURE QUITE NATURALLY
PENSEM BALM	:	LOCAL APPLICATION FOR RAPID AND EFFECTIVE PAIN RELIEF
PROMACTIL	:	PROMOTES SPERMATOGENESIS, LIBIDO AND A SAFE AYURVEDIC APHRODISIAC
RAASNAGUGUL	:	PLANT BASED SAFE ANTI-RHEUMATIC AND ANTI-INFLAMMATORY
RENOGEST	:	A SAFER REMEDY FOR URINARY TRACT INFECTION
SANTHWANAM OIL	:	AREJUVENATING ANTI-OXIDANT MASSAGE OIL
SINGACTIL	:	HERBAL OIL FOR RELIEF FROM COLD
TUSSNIL	:	COMPREHENSIVE COUGH REMEDY WITHOUT COMPLICATIONS

No. 1 Ayurveda Exporter from Kerala

Manufactured by :

KERALA AYURVEDA PHARMACY LTD.

Athani P.O. : - 683 585 Aluva, Kerala, India.

Tel : 91-0484-476301 (4 Lines) Fax : 91-0484 474376

e-mail : mail@kapl-ayur.com.Website : www.kapl-ayur.com

AMUDHAKALASAM SIDDHA LITERARY RESEARCH CENTRE

நல்வாழ்த்துக்கள்!

ஆனக்குழி ஆசான்

சக்தி சித்த வைத்திய நிலையம்

ஆனக்குழி, பாலப்பள்ளம், VIA, COLACHEL.
குமரி மாவட்டம்-629 159. போன் 526354 STD : 04651.

சித்த வர்ம ஆசான் **டாக்டர். லயன் V. குணசிங் வேதநாயகம்**

பரிசோதனை நேரம் :
காலை 8 முதல் 2 வரை
மாலை 4 முதல் 7 வரை
ஞாயிறு 11 மணி முதல் 7 மணி வரை

ஐம்பெரும் தலைமுறைகண்ட பரம்பரை ஸ்தாபனம்

* வாதம், பித்தம், கபம் முதலிய குற்றகாரணங்களினால் ஏற்படும் எல்லாவித நோய்களுக்கும் நாடி பரிசோதனை முலம் அடங்கல் மருத்துவம்.

* வர்மம், எலும்பு முறிவு, கழுத்து, தோள்பட்டை வலி, இடுப்பு, முட்டுவலி, நரம்பு தளர்ச்சி, ஆண்மை குறைவு, அலர்ஜி, சொரியாஸிஸ், மேகவெட்டை, சூதக கட்டு, வலிப்பு, உடல் பருமன், முடி உதிர்தல், இளநரை, தீராத தலைவலி முதலிய நோய்களுக்கு சிறப்பு மருத்துவம் அளிக்கப்படுகிறது.

தங்கி சிகிச்சை பெறவசதிகள் உண்டு

With Best Compliments From

MALAR SOLVENT EXTRACTION PVT. LTD.

Aranthangi Road, Puduvayal - 630 108. Sivaganga (Dt.), Tamil Nadu
Office : 482337, 482346 Resi : 483482, 483239 Fax : 482346 (04565)

AMUDHAKALASAM SIDDHA LITERARY RESEARCH CENTRE

அறிவொளி வளர்கல்வித் திட்டம்

திருச்சிராப்பள்ளி மாவட்டம்

திட்டத்தின் நோக்கம் :-

அறிவொளி இயக்கம், தொடர் கல்வித்திட்டங்களின் மூலம் புதிதாக எழுதப்படிக்க கற்றுக்கொண்டோருக்கு தொடர்ந்து கற்பதற்கு ஒரு நிரந்தரமான அமைப்பு உருவாக்கப்பட வேண்டும் என்ற நோக்கத்தில் உருவானதுதான் வளர்கல்வித் திட்டம். இத்திட்டத்தின் கீழ் திருச்சி மாவட்டத்தில் 468 வளர்க்ல்வி மையங்களும் 51 தலைமை வளர்கல்வி மையங்களும் தொடங்கப்பட்டுள்ளன.

மையங்களின் செயல்பாடுகள் :-

★ மாலை நேர வகுப்பு
★ புதிய கற்போரின் எழுத்தறிவு - எண்ணறிவு திறனை மேம்படுத்துதல்
★ கலந்துரையாடல்களை நடத்துதல்
★ எளிய, குறுகிய காலப் பயிற்சிகள் நடத்துதல்
★ வளர்ச்சித் திட்டங்களை தொகுத்து வெளியிடுதல்
★ விளையாட்டு, கலை, வீர, தீரச் செயல்களை அமைத்து நடத்துல்

பயன்பெறுவோர்:-

★ அறிவொளி இயக்கம், தொடர்கல்வித்திட்டம் மூலம் புதிதாக எழுதப்படிக்க கற்றுக் கொண்டவர்கள்.
★ அறறிவொளி இயக்கம், தொடர்கல்வித் திட்டங்களில் சேர்ந்த இடையில் நின்றவர்கள்
★ பள்ளிக் கல்வியை இடையில் விட்டவர்கள்
★ பள்ளிச் சாராக் கல்வித் திட்டத்தின் கீழ் ஆரம்பகல்வியைப் பெற்றவர்கள்
★ கற்றுக் கொள்வதில் விருப்பம் உள்ள அனைவரும்.

கல்விக் கரையில்லை
கற்போம் ! தொடர்ந்து கற்போம்
புத்தகங்கள் படித்திடுவோம்
புதிய வாழ்வு பெற்றிடுவோம்.

டாக்டர். **க. மணிவாசன்,** இ.ஆ.ப.
மாவட்ட ஆட்சித்தலைவர்/தலைவர்
அறிவொளி வளர்கல்வித்திட்டம்
திருச்சிராப்பள்ளி.

AMUDHAKALASAM SIDDHA LITERARY RESEARCH CENTRE

With best Compliments from

NAVITA PHARAM

Chennai - 600 102. www.drraja-herbalresearch.com

E-mail : navitapharma @yahoo.com

HEALTH FOR ALL ..... BY NATURE

Navita Powder	*Health Supplement and anti-oxidant*	***Pantone***	*Diabetes - mellits*
		Glowderm	*Dermatological Problmes*
Lipinil	*Reduces LDL, VLDL, and improves HDL*	***Bacinil***	*Diarrhoeo, amoebic and bacillary dysentery*
Asthmanil	*Anti - asthmatic repeated URTI and improves immunity*	***Nehtra***	*Glaucoma and other painful conditions of the eye*
Articure	*Anti - Arthritic Anti - rheumatic*		

With best Compliments from

KAVERY MEDICAL CENTRE

Tennur, Trichy - 620 017.

Ph : 0431 2742300 Fax : 0431 2742444

E-mail : kmchospitals @hotmail.com

web : www.kmchospitals.com

Call 1051 for 24 Hours

Emergency Medcila Services

AMUDHAKALASAM SIDDHA LITERARY RESEARCH CENTRE

With

best

compliments

from :

ANHAND SIDDHA
MEDICAL STORES

Tennur High Road,
Trichy

AMUDHAKALASAM SIDDHA LITERARY RESEARCH CENTRE

பாரம்பரிய சுவை!
Traditional Taste!

பரிவான சேவை!!
Sincere Service!!

Hotel New College House

(VEGETARIAN RESTAURANT A/C)

Thirumamagal Ceterers

(Out-Door Caterers)

2. டவுன் ஹால் ரோடு, மதுரை-1.
PHONE : 2349903; 874880

செல்போன்: 98421-25777
மில்போன்: 2670598
டிப்போ: 2339759

அருள் ஜோதி

மாடர்ன் ரைஸ் மில்

நெல் & அரிசி வியாபாரம்

105/10-B. நெடுங்குளம் மெயின் ரோடு,
சிந்தாமணி
மதுரை - 625009.

தரமான "அன்னகாமு" பிராண்ட்
தயாரிப்பாளர்கள்

With Best Compliments From

UNI LABS (INDIA) PVT. LTD.

(Manufacturers of Indegenous Medicine)
Chennai - 600 077.

- GYNOVIT
- RUMEX OIL
- PILANTS
- MALTAL
- ENZYMIN
- TESTOVIT

ARDEE COMPOUND

AMUDHAKALASAM SIDDHA LITERARY RESEARCH CENTRE

Wishing the

INTERNATIONAL CONFERENCE ON THE ROLE OF INDIAN SYSTEMS OF MEDICINE

all Success

by

ALL INDIA INDIAN MEDICAL PRACTITIONERS ASSOCIATION

31, Big Street, Triplicane,
Chennai 600 005.

An all India body representing Ayurveda, Siddha & Unani Practitioners come together to serve humanity through Indian Medicine

Dr.S.K. Khadri
President

AMUDHAKALASAM SIDDHA LITERARY RESEARCH CENTRE

"வாழ்க வையகம் வாழ்க வளமுடன்"

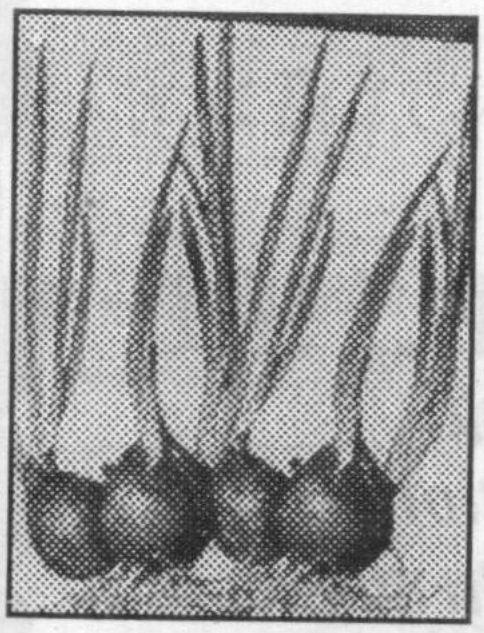
மனவளக்கலை மனதைப் பண்படுத்தி வளப்படுத்தும் கலை. ஏழைகளின் தத்துவஞானி **யோகிராஜா வேதாத்திரி மகரிஷி** அவர்கள் வழங்கிய **வாழ்வியல்கலை** அனைவரும், இல்லரத்தாரும் செய்வதற்குரிய வடிவமைக்கப்பட்ட **குண்டலினியோகம்,** ஆக்கினி, சாந்தி, துரியம் துரியாதிதம், பிரம்மஞானம் ஆகிய தியான முறைகள், இளமை காக்க, முதுமையை தள்ளிப்போட, நோய்களிலிருந்து காப்பாற்றப் பற, நோயைத் தடுக்க எளிய காயகல்ப பயிற்சி, விஞ்ஞானமும், மெய்ஞானமும் கைகோர்க்க, எளிய உடற் பயிற்சி தொடர், மகிரிஷி அவர்களின் பயிற்சி பெற்ற, அர்ப்பணிக்கப்பட்ட மனம் கொண்ட பேராசிரியர்களின், அவர்களது சீரிய பயிற்சிகளில் கிராமங்களில், நகரங்களில், கடல் கடந்த பல்வேறு இடங்களில் பயிற்சி மன்றங்கள், குடும்ப அமைதி உலக அமைதி இவையே லட்சியங்கள்.

பயிற்சி பெறுவோம், வாழ்வில் இனிமை காப்போம்.

A.K. சண்முக சுந்தரம், M.A., B.Ed.,
P.G.Asst. தமிழ்
பெருகவாழ்ந்தான், திருவாரூர் மாவட்டம்.

ஜெம் ட்ரீஸ் பார்மா

சித்த மருந்து தயாரிப்பாளர்கள்



☛ ஃபிஸ்டுலா என்ற பவுத்திர நோயையும் ஒன்பது வகையான மூலத்தையும் வெகு விரைவில் குணமாக்கும்

☛ மலச்சிக்கல் தீரும் சகலவித வாயு தொல்லைகள் தீரும்

அனைத்து மருந்து கடைகளிலும் கிடைக்கும்

தயாரிப்பாளர் & நிறுவனர் : **டாக்டர் சப்பாணி,** R.I.M.P.,
5/185, சத்தியமூர்த்தி தெரு, பரமக்குடி - 623707, இராமநாதபுரம் மாவட்டம்
போன் : (இ) : 04564 - 226888 (அ) 04564 - 229793

AMUDHAKALASAM SIDDHA LITERARY RESEARCH CENTRE

TOTAL SANITATION CAMPAIGN

2002 - 2005

TIRUCHIRAPPALLI DISTRICT

Total Sanitation Campaign is the primary sanitation project implemented by Government of India and Government of Tamil Nadu

Objectives :

- ***Bring about a improvement in the general quality of life in the rural areas.***
- ***Accelerate sanitation coverage in the rural areas.***
- ***Generate felt demand for sanitation facilities through awarenss creation and health edcation***
- ***cover schools in rural areas with sanitation faclities and promote sanitary habits among students.***
- ***Encourage cost effective and appropriate technologies in sanitation.***
- ***Endevour to reduce the incidence of water and sanitation related diseases.***

PROGRAMMES :

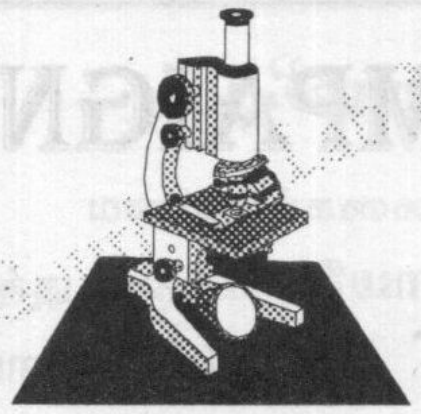
- ★ ***IEC activites to create the demand for sanitary facilites***
- ★ ***Creation of Rural Sanitary Marts and production centres in 8 places.***
- ★ ***Consturction and utilization of latrines in 30000 households***
- ★ ***Construction of latrines in 256 Schools.***
- ★ ***Construction of baby friendly toilets in 476 Anganwadi centres.***

A. Jannet Virginia
District Coordinatory
TSC, Trichy

Thiru. M. Manohara Singh
Project Officer
DRDA, Tiruchirappalli

Thiru. Dr. K. Manivasanï I.A.S.
District Collector
Tiruchriappalli

AMUDHAKALASAM SIDDHA LITERARY RESEARCH CENTRE



☎ : 28253203, 28205777

Goutham Lab Medica

Dealers for Vacumised Blood Collection
System - "KIMA" - ITALY
Lab wares and simport inc. CANNADA
Biotechnology products for research and development.

No. 29, Aravamudhan Garden Street,
Egmore, Chennai - 600 008.

வெண்மை பூசுவோம்!

உலக அமைதி காப்போம்!

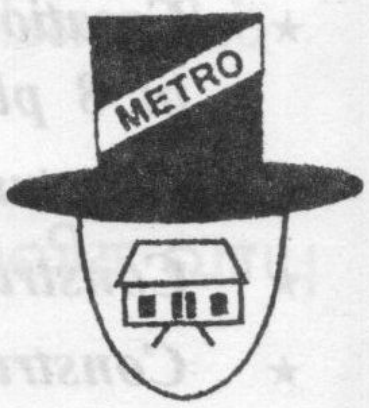
With Best Compliments From

போன் : 04563 - 223169
செல் : 98430 - 88229
www-metrocoats.com
e-mail-metroline@eth.net

மெட்ரோலைம்®

வெள்ளையடிக்க சிறந்த தேர்வு

METRO LIME®



தயாரிப்பாளர்கள் :

மெட்ரோ இண்டஸ்ட்ரீஸ், 183, ஸ்ரீரெங்கபாளையம்,
ராஜபாளையம் – 626 117.

AMUDHAKALASAM SIDDHA LITERARY RESEARCH CENTRE

With Best Compliments from

K. PREMANATHAN
Proprietor

MANGALAMBIGA ENTERPRISES

Sole Distributors of : **TIMEX WATCHES LTD.**

ASWINI MEDICALS

2, YMCA Buildings, E.V.R. Road,
Puthu - Trichy - 17

Ph : 2792574

BHARANI BUILDERS

B- 23, Sasthiri Road, Trichy - 18.
Ph : 2764376

AMUDHAKALASAM SIDDHA LITERARY RESEARCH CENTRE

A.R.R. மளிகை

138, மெயின் ரோடு,
பாலக்கரை, திருச்சி - 8

எங்களிடம் அன்றாட தேவைக்கும் விசேட வைபவங்களுக்கும் தேவையான மளிகை சாமான்கள் நயமாகவும், சுத்தமாகவும் கிடைக்கும்.

உரிமையாளர் : **S.S. கலிபுல்லா.**

போன் : 2709006

உ
சிவமயம்

தெய்வப்பழநியில் புகழ்பெற்றது பழநி

பரிமள விலாஸ்

S.சித்தனதன்

ஜவ்வாது வாசனை விபூதி & ஸ்பெஷல் பஞ்சாமிர்தம்

வாங்கி உபயோகியுங்கள்

Prop: S. சித்தனதன் சன்ஸ், அடிவாரம், பழநி – 624601

போன் : கடை : 242405, வீடு / ஸ்டோர் : 242406

AMUDHAKALASAM SIDDHA LITERARY RESEARCH CENTRE

With Best Compliments From

ABT INDUSTRIES LIMITED

Sakthi Finance Building
New No.90 Old No. 475, Dr. Nanjappa Road,
Coimbatore - 641 018.
Phone : 233982, 233983 & 232335
Fax No. 233984

DEALER FOR :

TATA Vehicles and Spare parts for 10 Districts
of Tamil Nadu and 10 Districts of Kerala

Processing & Selling of :

SAKTHI MILK and Milk Products

AMUDHAKALASAM SIDDHA LITERARY RESEARCH CENTRE

With Best compliments from

ABBIRAMI
HOTELS (P) LTD.
10, Mac Donald's Road,
Trichy - 620 001.

VASANTHA BHAVAN
RESTAURENT
Trichy - 620 001.

LOOKING FOR A GENUINE HAIR OIL THAT CAN
Clear Dandruff, arrest Hairfall and tone up the scalp
for healthy hair growth.

KESYA

THE GENUINE AYUVEDIC OIL FOR THE HAIR THAT COMES FROM A TRADITIONAL HOUSE OF AYURVEDA WITH OVER 6 DECADES OF EXPERIENCE

KESYA Combines the Good Effects of
Indigofera Tinctoria, Terminalia Belerica, Glycirizzha Glabra, Abrus Precatiorius which are **Natural Growth Enhancers,** Eclipta Alba, Mangifera Indica that are **Natural Hair colourants,** Milk of cocos nucifera a **Natural Hair strengthener,** scynodon Dactylon **a proven antiseptic** & oil of cocos nucifera that **helps fight** excesses of vatha/pitha

Manufactured by :
K.S. VARIER'S ASHTANGA AYURVEDICS (P) LTD.
11, N.S.B. Road, Trichy - 620 002.

AMUDHAKALASAM SIDDHA LITERARY RESEARCH CENTRE

IMPCOPS
ESTD : 1944

இம்ப்காப்ஸ்

34-37, கல்கி கிருஷ்ணமூர்த்தி சாலை, திருவாண்மியூர், சென்னை - 600 041.
(பொன்விழா ஆண்டு கண்ட நிறுவனம்)
போன் : 4911029, 4911189, 4917344, போக்ஸ் : 044-4913313, அஞ்சல்
பெட்டி எண். 8602, கிராமஸ் : தசமூல்லா

பொன்விழா ஆண்டு கண்டு உலக அளவில் தன்னிகரற்று விளங்கும் ஒரே கூட்டுறவு நிறுவனம் எமது இம்ப்காப்ஸ் மட்டுமே. இதன் குறிக்கோள் இந்திய முறை மருத்துகளான சித்தா, ஆயுர்வேதா மற்றும் யுனானி மருந்துகளை மிகவும் தரம் வாய்ந்த வகையில் தயாரித்து மக்களின் பிணி தீர அவர்களுக்கு வழங்குவதே ஆகும்.

"பாரகம் யாவும் பசிப்பிணி அடங்கலும்
ஆதிரை இட்டனள் அரும்பசி அருகவென"

என்ற சாத்தனாரின் எண்ணம்போல மக்களின் நோய் பிணி தீர இம்ப்காப்ஸ் தனது தரமான தயாரிப்புகள் மூலம் மக்களின் பிணி அறவே அகல செயல்பட்டு வருவது அனைவரும் அறிந்ததே. எவே பொதுமக்கள், மத்திய, மாநில அரசு மருந்தகங்கள் மற்றம் அவை சார்ந்த மருந்தகங்கள் எமது தயாரிப்புகளை பயன்படுத்த அன்புடன் கேட்டுக் கொள்கிறோம்.

மருத்துவ உலகில் எமது அரிய சாதனைகளில் சில

சிறந்த ஞாபகசக்திக்கு
பெண்களின் முகத்தின் அழகை கூட்ட
பெண்களின் அழகான கூந்தலுக்கு
என்றும் இளமையாக திகழ
கட்டுடல் மிளிர

வல்லாரை மாத்திரை
கும்குமாதி லேபம்
நீலிபிருங்காதி தைலம்
ச்யவனப்பிராசலேகியம்
தேத்தான்கொட்டை இளகம்
மற்றும் அஸ்வகந்தாதி லேகியம்

இவற்றுடன் சாஸ்த்ரீய அடிப்படையில் மிகச் சிறந்த முறையில் தாயரிக்கப்படும் 'தங்க பஸ்பம்" எம்மிடம் கிடைக்கும்.

மேலும் விவரங்களுக்கு எங்களது அங்கீகாரம் பெற்ற விற்பனையாளர்களை அணுகவும் மருத்துவ ஆலோசனைக்கு எமது நிறுவன வளாகத்தில் அமைந்துள்ள மருத்துவமனையை அணுகவும்.

டாக்டர் **V.R. சேஷாத்திரி,** B.Sc., B.S.A.M.
செயலாளர்

டாக்டர் **குமாரதாஸ்,** B.I.M.,M.L.A.,
தலைவர்

AMUDHAKALASAM SIDDHA LITERARY RESEARCH CENTRE

With best compliements from

R.R. Anbu Kumar

SIVANANDA MEDICALS

New Bus Stand
Nagapattinam - 611 001.
Tamil Nadu Ph : 04365 - 242204

Mobile : 098424 - 42204

With best compliments from

Royal Medicals
94, West Pradakshanam Road
Karur - 639002.

Surya Medicals
71, West Radhakrishnan Rd.,
Karur - 639002.

AMUDHAKALASAM SIDDHA LITERARY RESEARCH CENTRE

TAMILNADU STATE AIDS CONTROL SOCIETY

(A Society Registered under the Tamilnadu Societies Registration Act, 1975)
417, Pantheon Road, Egmore, Chennai - 600 008.

ACTIVITIES AND ACHIEVEMENTS OF TAMIL NADU STATE AIDS CONTROL SOCIETY

Tamil Nadu is a pioneer in HIV/AIDS Control activities in India. Tamil Nadu State AIDS Control Society (TNSACS) was established in 1994 and registered under the Tamil Nadu Registration of Society's Act. TNSACS possess autonomy and flexibility in its day today functioning, at the same time ensuring accountability.

HIV/AIDS epidemic has been a challenge for the State. TNSACS has been able to meet the challenge with the high level political commitment from the Honorable Chief Minister, Honorable Minister for Healthe and other Honorable Ministers of Govt. of Tamil Nadu as well as the various politicals leaders and support from the officials at the various levels of decision making and implementation.

The consistent support from National AIDS Control Organisation (NACO) not only by way of providing resources but also by way of technical and other support has been of immense help for the successful implementation of the programme

NGO

- 112 NGO's Concentrating on Targetted Interventions (Sex Workers, Migrant workers, Industrial Workers, men Sex with Men, Truck Drivers, Positive Network)
- Provide more sustainability to NGOs
- Sustain existing NGOs and upscale their activities
- Improve capacity building, monitoring and evaluation of NGOs
- Network NGOs for sharing and refining for Joint Action.

Blood Safety

- State Government Blood Bacnk 70 Numbers, Central Government / Quasi / Voluntary / Private 106.
- Support to Government Blood Banks Diagonostic Kits, consumables, equipments, Refreshment Charges etc.

AMUDHAKALASAM SIDDHA LITERARY RESEARCH CENTRE

- Finance Support to Donor Clubs.
- Networking Hospitals
- Standardising District Blood Banks
- Blood Component separate units - 5 places
- Promotion of Voluntary Blood Donation

Voluntary Counselling & Testing Centres (VCTC)

- 37 VCTC Centres in the State are functioning to Screen the HIV/AIDS Status.
- HIV-TB Co-infection.
- Provide linkage to other Hospitals for Opportunistic Infection (OI) treatment

Information, Education & Communication (IEC)

- 98% Awareness have created through Electronic Media, Print Media, Outdoor publicity, Special activities (ORG Study)
- More interpersonal dialogue
- Impacting on Behavioural change rather than mere awareness
- Inter Sectoral Collaboration with all Departments.

Training

- To train all Health Service providers in the field of STD, Blood Safety, Gynaec, VCTC
- Training to sensitize Senior Civil Surgeons
- To integrate training programmes with in service training institutes
- Establish an international training institute at Tambaram
- Preparation of Training manuals in Tamil

Sexually Transmitted Diseases (STD)

- Provide essential equipments and consumables etc. for 57 STD Clinics in the State
- Expand outreach syndromic treatment
- Address the issue of male reneging.

AMUDHAKALASAM SIDDHA LITERARY RESEARCH CENTRE

Care & Support

- Remove stigma
- Emphasis on prevention with care
- Access treatment in all the District Head Quarterss Hospitals and in all the Government Medical Colleges.
- Undertake integrated services
- Enhance and integrate the use of Siddha Drugs
- Special Diet
- All sorts of Support to Government Hospital for Thoracic Medicine, Tambaram for treating the HIV/AIDS cases. it is one of the biggest Hospital admitting 400 patients of Male, Female & Children where Allopathy, Siddha Drugs provided to fight with HIV/AIDS cases under the direct supervision of Siddha Medical Officer.
- Maintenance of 11 AIDS Wards in the State.

HIV/TB Co-infection

- Support to treat HIV/TB Co-infection and provide training vice versa.

Family Health Awareness Campaign (FHAC)

- Once in a year Family Health Awareness Campaign conducted to control STD Cases.
- Separate Campaign conducted to treat the STD Cases with Siddha System of Medicine.

Prevention of Mother To Child Transmission (PMTCT)

- Centre of Excellences :- 3 for Research activities and implementation
- PMTCT Programme implemented in all Government Medical College Hospitals and District Head Quarters Hospital to prevent HIV from mother to child.

17/1/2003

For PROJECT DIRECTOR.

AMUDHAKALASAM SIDDHA LITERARY RESEARCH CENTRE

உயர்ந்த மூலிகைகளால் தயாரிக்கப்பட்ட
முதன்மையான சித்த மருந்துகள்

குழந்தை மருந்துகள்

குழந்தைகளுக்கு ஏற்படும் சளி,
காய்ச்சல், வயிற்றுப்போக்கு,
முதலியவை நீங்க,,,

குழந்தைகளுக்கு ஏற்படுகின்ற
தொக்கம், வாந்தி, அசீரணம்,
முதலியவைகள் நீங்க...

குழந்தைகளுக்கு தலைமுழுக்குச்
செய்தவுடன் உபயோகித்து
வந்தால் சளி, காய்ச்சல் நீங்கும்.

குழந்தைகளுக்கு ஏற்படுகின்ற
கபகட்டு, மார்ச்சளி, இருமல்
முதலியவை நீங்க...

சீரும் சிறப்பும் பெற்று விளங்கும் முதன்மையான சித்த வைத்திய நிலையம்

மலையப்பசாமி வைத்திய சாலை,
81, இரயில்வே பீடர் ரோடு, பழனி - 624 601.

☎ 242275

With best compliments from

திரு. N. செல்வராஜ் அவர்கள்,

ஒன்றிய பெருந்தலைவர்
கடவூர் ஊராட்சி ஒன்றியம்
தரகம்பட்டி, கரூர் மாவட்டம்

திரு. T.S. கண்ணன் அவர்கள்,

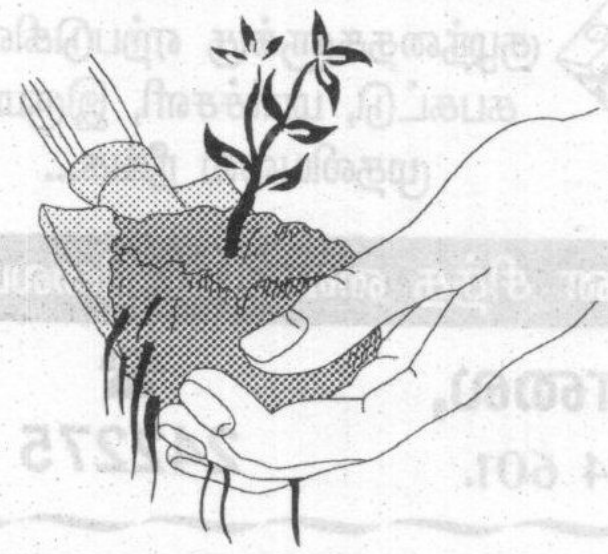
அ.இ.அ.தி.மு.க. ஒன்றிய செயலாளர்
கடவூர் ஊராட்சி ஒன்றியம்,
தரகம்பட்டி, கரூர் மாவட்டம்

AMUDHAKALASAM SIDDHA LITERARY RESEARCH CENTRE

Dr. M. GOPALANASAN
Founder

Dr. SUNDAR GOPALAN
B. Pharm., F.A.G.E.

FOR QUALITY SIDDHA & AYURVEDIC MEDICINES



Contact :

G. SUNDAR GOPALAN

No.45, AROMA LODGE BUILDING,
BALAMORE ROAD, NAGERCOIL-1
Phone : 04652-226680, 234544
Cell : 98421 34544

Acclaimed by Physicians all over India for constipation

Canthalax ®

A Safe Laxative Tablet

The Unani Medicine with International Standard

A Single dose remedy for Constipation, all attended evils due to Constipation, Colic, Sour eruction, Dyspepsia, Rumbling in stomach, Worm troubles, excessive Heat and Bile, Taking CANTHALAX will keep the stomach clean by removing the worms and toxic sediments.

Gingrax ®

TRADE MARK

Original Manora Mark

NO SUBSTITUTE TO MOTHER'S MILK AND HER LOVE!

Consuming this tasty, pleasant smelling semi solid, uterine tonic from the third day of child birth will enhance strength power by removing debility, exhaustness due to delivery. Tones digestive system, increases appetite, adds strength to stomach and colon and makes them function properly. Anaemia, disability, tiredness by childbirth are removed and improves vitalities, stamina to the body. Continous consumption will enrich vitalised nourishing milk to the baby.

SIDDHA MEDICINE Prasava Natakaya Leheyam Sowbhagya Sundi

Original Dr.K.S. Thennamarakudi Ennai (Oil)

HUMAN : For traumatic swellings, contusions (Blood clotting), Sprains, Joint dislocations, Gas troubles Neck, Muscle pains, Eczema, Itches, Scabies, Burns, Cut wounds, Poisonous bites etc.

VERTINARY : For dislocation of joints, Bone fractures, Sprains, Contusions (Blood clotting), Traumatic injuries, Neck swellings, Soring in neck, wounds etc.

Manufacturers :

Phone : (0435) 2421196, 2420005

Dr. K.S. & SONS (Manufacturers of Siddha & Unani Drugs)

23, Quide Millath Ismail Street, KUMBAKONAM - 612 001, Tamil Nadu, INDIA

Write to us for FREE catalogue and trade enquiries

AMUDHAKALASAM SIDDHA LITERARY RESEARCH CENTRE

With best Compliments from

White Memorial Homoeo Medical College

White Memorial College of Physiotherapy

Dr. K. RAJENDRAN, M.D.,
Correspondent

Attoor, Veeyannoor P.O., Kanyakumari District - 629 177.
Ph : 04651-594292
Res : 04651-594291, 672434, 673312

AMUDHAKALASAM SIDDHA LITERARY RESEARCH CENTRE

With best compliments from

ER. G. PONNIVALAVAN, B.E.,

RATHNAA CONSTRUCTIONS

CLASS - I, CONTRACTORS P.W.D.
& NATIONAL HIGH WAYS (STATE LEVEL)

No. 21/2, Mohamadien Street, Perambur, Chennai - 600 011
Tel : 25582584, 25571661, 26701436
E-mail : rathnaaconstruction@hotmail.com

B. SELVARAJ

THE PHOTO SHOP

DIGITAL COLOUR LAB & STUDIO

Sales : Best Quality Cameras, Films, Batteries,
Albums & All Photo Needs

Special Discount for Indian medicine Doctors

1A, Gopal Reddy Colony (W)
Paper Mills Road,
Chennai - 82
Ph : 26700124

S47A, IInd Floor. Phase
Spencer Plaza,
Chennai - 2.
Ph : 28592011

AMUDHAKALASAM SIDDHA LITERARY RESEARCH CENTRE

With Best Compliments from

Veejay Surgicals

Trichy - 18.

With best compliments

from

DR. P. MATHI AZHAHAN B.S.M.S.,

Asst. Medical Officer,

Thuraiyur, Trichy (Dt.)

Trichy Office : 763354
769559
Res : 765594
Cell : 98424-65594
Fax : 0431-769559

T.N. SHEIK MOHAMMED, B.E., M.I.E.,
Managing Partner
TRICHY CONSTRUCTION COMPANY

Chennai
Cell : 98400-30818

12/G-4,
Rahumaniyapuram,
Thillainagar,
Tiruchirapalli - 620 018.

MARUTI HOSPITAL

மாருதி மருத்துவமனை

Hi-Tech Speciality Hospital with

Gastroenterologist
Dr. V. Maniya, M.D., M.R.C.P. (Lon)

Cardiologist
Dr. R. Manivasagam, M.D., D.M

Urologist
Dr. P. Rajendran, M.S., M.Ch

Neuro Surgeon
Dr. Ramakrishna Easwaran, M.Ch

Neurologist
Dr. N. Duraiswamy, M.D., D.M.

Plastic Surgeon
Dr. P. Ramachandran, M.S.c, M.Ch

ENT Surgeon
Dr. A.C.N. Mahendra Varma

Will be at your Service in Trichy

☛ Super Specialists ☛ Best Facilities
☛ Latest Equipments
☛ Reasonable Charges

95, Pattabiraman Pillai Street, Thennur, Trichy - 17. Ph : 793141, 793456

AMUDHAKALASAM SIDDHA LITERARY RESEARCH CENTRE

Wedding Silk Sarees

Shirting & Suitings

POTHYS

3, NORTH CAR STREET,
TIRUNELVELI - 627 006
Ph : 339189, 337093 Fax : 337112

R. Chandrasekar

MEENKASHI PHARMA

(Whole Sale Pharmaceuticals)

D-38, N.E. EXTENSION, 5th CROSS,
THILLAINAGAR,
TRICHY - 17. TEL : 768371

AMUDHAKALASAM SIDDHA LITERARY RESEARCH CENTRE

"நோயற்ற வாழ்வே குறைவற்ற செல்வம்"

தமிழகத்தின் தலையாய சித்த மருத்துவமும், மலையும் மலைசார்ந்த ஆயுர்வேத மருத்துவமும், மேலைநாட்டு ஜெர்மனியின் மனதிற்கு இதம் தரும் ஹோமியோபதியும் ஒருங்கே வழங்கி வெற்றிகரமான ஏழாம் ஆண்டை நோக்கி உங்களின் நலனில் அக்கறையுடன் என்றென்றும்

ஆர்ய வைத்ய ∴பார்மஸி ஏஜென்சி

50, ஜான் செல்வராஜ் நகர்,
புதிய பஸ் நிலையம் அருகில்,
கும்பகோணம்.

தொலைபேசி : 2428810
வேலை நேரம் : காலை 9.30 to மதியம் 2.30
மாலை 4:30 to 9.30 p.m.
விடுமுறை : ஞாயிறு மதியம்

Now All Kashayams Are in TABLET FORM

WITH GMP CERTIFIED MANUFACTURING FACILITIES

AND OUR SPECIAL PRODUCTS

AMAVATARI KASHAYAM
The right answer for Arthritis with Oedema

ARTHOVEN TABLETS
The ideal choice for Arthritis and other Joint Problems

ARTHORUB OINTMENT
The time tested combination for relief from all swelling and pain

ASMAGON TABLETS
For long term relief from Asthma and chronic respiratory ailments

BONNIBABE SYRUP
The Comple growth tonic for babies and children

GYNAEVEN TABLETS
For normalising gynaecological functions

KARKUNTAL OIL
Ayurvedic hair tonic for thick hair growth

LOMEDUS TABLETS
For reducing the Body fat and improving the heallth

MANOMITRAM TABLETS
Helpful in inducing the sleep

PANCHARATNADI TABLESTS
For perfect control of high blood pressure

SETEBID TABLETS
The ideal choice for perfect control of Diabetes with long term benefits.

Our range of Special Products for Chronic Ailments have been formulated from experience of over 7 decades

For trade enquires contact :

ARYA VAIDYA NILAYAM

175-A, Muniyandipuram, Madurai - 625 004. Tel : 0452 - 771593, 770394 Fax : 0452 - 770271, E-mail : avn@eth.net

AMUDHAKALASAM SIDDHA LITERARY RESEARCH CENTRE

With best compliments from

SAIRAM REMEDIES

1/182, Ponnnagar, Pollachi 642003

நல்வாழ்த்துக்களுடன்

☎ : 2263513, 2254472

உங்கள் அனைவருக்கும் ஏற்றஆடைகளுக்கு

ஈரோடு

நந்தினி

சர்ட்டிங், சூட்டிங், சாரீஸ், மேட்சிங், ரெடிமேட்ஸ்

மற்றும்

அனைத்து பள்ளி சீருடைகளும்

39/2, கச்சேரி வீதி, (தாலுகா அலுவலகம் எதிரில்)

ஈரோடு – 1

AMUDHAKALASAM SIDDHA LITERARY RESEARCH CENTRE

With best compliments

from

SCIENTIFIC REMEDIES

Thiruvananthapuram

With best compliments
from

DR. P. RAJAGOPAL,

B.S.M.S.,
Asst. Medical Officer,
Thirumarur, Perambalur (Dt.)

With Best Compliments
from

Dr. M.S. Sukumar, B.I.M.

Asst. Medical Officer,
PudurUthamanur, Trichy (Dt.)

With best compliments from

DR. P. RAJARAJESWARI,

BSMS
Asst. Medical Officer,
Kulithalai - Karur (D.T.)

With best compliments from

DR. M. KARPAGASUNDARI

B.S.M.S.,
Asst. Medical Officer,
perugamani, Trichy (D.T.)

AMUDHAKALASAM SIDDHA LITERARY RESEARCH CENTRE

G. BALASUBRAMANIAN, M.A.,
General Secretary
T.N.C.S.A.R.D. Bank Ltd.,
Nilavalam Association
Chennai - 600 004.

"Health is Wealth"
"Our health is protected
by our Doctors"
Recently Indian Systems
of Medicine
is gaining Momentum.

Our Best Wishes to them,
(G. Balasubramanian)

With best compliments
from

DR. R.KANIMOZHI
M.D.(S).,
Asst. Medical Officer,
Omandur, Trichy (Dt.)

G. BALASUBRAMANIAN, M.A.,
General Secretary
T.N.C.S.A.R.D. Bank Ltd.,
Nilavalam Association
Chennai - 600 004.

"Health is Wealth"
"Our health is protected
by our Doctors"
Recently Indian Systems
of Medicine
is gaining Momentum.

Our Best Wishes to them,
(G. Balasubramanian)

With best compliments
from

DR. R.KANIMOZHI
M.D.(S).,
Asst. Medical Officer,
Omandur, Trichy (Dt.)

With Best Compliments from :

Dr.T. Manjula Devi,

BHMS.,
Asst. Medical officer
Govt. Hospital, Karur.

With best compliments from

DR. P. SENTHIL VADIVU, BSMS
Asst. Medical Officer,
Pallapatty, Karur (D.T0

☎ : 04323 - 51467, 51433

மா. துரைராசு

M.A., B.L.,
வழக்கறிஞர்
கரூர் மாவட்ட குழு உறுப்பினர்

அலுவலக முகவரி :
மெயின் ரோடு,
தரகம்பட்டி.

இல்லம் முகவரி :
வாழ்வார் மங்கலம்
மஞ்சபுளிபட்டி - (P.o.)
சிந்தாமணிப்பட்டி - (Via)
குளித்தலை - (T.k) கரூர் (Dt.)

With Best Compliments from

THE RAYMOND SHOP
Sundaram, N.S.B. Road,
Trichy

With best compliments from

M. MUNIAPILLAI

Prop. M.M. Nagharajha Pillai

Tamil Nadu Marunthu
and
Siddha Ayurvedic Merchant

Head Office :
308, Big Bazaar,
Trichy - 620 008.
✆ : 2707141, 2708498

Branch Office :
No.1/5&6, Ponmani Complex,
10th 'A' Cross, Thillai Nagar,
Trichy - 620 018. ✆ : 2740369

Lalitha Agencies

SIDDHA AYURVEDIC PHARMACY

HO. : 10A, Keela Raja Veethi,
Opp. Vegetable Market,
Mannargudi - 614 001.
Phone : 04367 -
250506, 253346

TRICHY ENT RESEARCH CENTRE

CLINIC : C-14, 3rd Cross West, Thillainagar, Trichy - 18,
Time : 12 to 3 p.m. 7 to 9.30 p.m. Ph : 2764891
NURSING HOME : C-19, DevarColony, Tillainagar,
1st Cross, Trichy - 18, Ph : 760074

FACILITIES AVAILABLE :

★ Laser Surgeries in ENT
★ Vedio Nasal Endoscopy ★ Sinus Endoscopic Surgeries ★ Micro Ear Surgeries ★ Vertigo Clinic ★ Head Ache Clinic ★ Snoring Clinic ★ Deafness Clinic ★ Micro Laryngeal Surgeries ★ Head & Neck Cancer Surgeries
★ Facial Plastic Surgeries ★ Audiometry
★ Tympanometry

Dr. T.N. Janakiram, M.B.B.S., M.S., (EnT)
D.L.O. ENT, Head & Neck Surgeon

With best compliments from

DR. T.N. KRISHNAKUMAR,
M.B.B.S., D.O.,

Presenting Author's Index

Abdul Khader A.M -129.
Agarwal V.D. -126
Akilandeswari .S -153
Anandan .T -95
Anbarasi .K -108
Anoop Austin -172
Aruna Mathur -144
Asokan .J -161
Ayyasamy .S -115
Babu .P -97
Balamurugan .V -122
Basheer Ahmed -138
Bharti -129
Binu K. Philip -118
Bilal Ahmed 116
Brahma S.K. -97
Brindha .R -152
Chand Usmani -98
Chandrasekharan .C -106
Chitra .S-124
Chitti Babu C.V. -147
Deepa .P.K. -108
Dhanasekaran -166
Dinesh Dhingra -112
Dinesh .K.S. -141
Eleza .C -174
Fakhr-e-Alam -102
Gopal .V -125
Gyanendra Pandey -143
Habeebullah .V -168
Ilayaraja .M. 124
Imamuddin Ahmed .S -128
Jagannathan .K -109
Jaswanth -114
Jegajothi Pandian .S -175
Joseph .G.V.R -163
Kalavathy .K. Rao -146
Karpagam .S -117
Khalid Zama Khan -96
Krishnamurthy .J.R -126
Lakshmi Narayanan -119
Logamanian .M. -99
Mahmooda Begum -140
Manikandan .S -114
Meenakshi S. Murthy .K -136
Mohammed Farooq -104
Mrudula Kulkarni -160
Muhseena -153
Muthukrishnan .T -134
Muthu Lakshmi .V -111
Nalina Saraswathy .K -136
Nagendra Prasad -149
Natarajan .B -123
Natarajan .K. -142
Padma Gurumet -95
Padmavathi .R -122
Pari .S -140
Perumal Samy .R -155
Pitchiah Kumar .M -150
Prasanna Lakshmi N.C. -135
Prema .S -117
Radhakrishnan .B -110
Radhakrishnan .S 172
Radhika .M -168
Rajalakshmi.S -146
Rajasekharan .M -130
Rajkumar .R -174
Ramakrishnamacharya -154
Rama Pratapmeena -171
Ravindran .N -148
Samson .J -103
Sangeetha .P -105
Sanjeevi Ramasamy -170
Santhakumari .P.K. -176
Sarada Vasanth -150
Saravana Kumar .S.K. -133
Saraswathi .A -165
Sarojini Devi .P -149
Sasikala .E -161
Sathish .R -105
Satya Prabha .A -136
Selva Shanmugam .P -131
Senthil Kumar .B.R. -112
Senthilvel .G -163
Sethumoni .J -139
Sethuraman -156
Sitta Djody .S -100
Sivakumar .L. -103
Sivakumar .L -164
Siva Lokanathan .S -158
Sorna Mariammal -128
Sripathy .S -159
Suchalatha .S -107
Sudha .R -101
Sulthan .M. M.D., -175
Sumathi .P -156
Sundaram .S -157
Tajuddin .K. -109
Thangam .C -107
Thiagarajan .G -137
Thirumagal .A -145
Vanitha .R 132
Varadamurthy .S -120
Venkatappan.N -173
Venkataraman .R -167
Venkateswaran .P -169
Venkateswaran S.T. -155
Victor Raj Mohan -121
Vijaya Kumar .G. -100
Vijaya Kumar .R -119
Zaheer Ahmed .N -135

AMUDHAKALASAM SIDDHA LITERARY RESEARCH CENTRE

SANJEEVI PHARMA

MANUFACTURERS OF SIDDHA MEDICINES

MFG. LIC No. 589/25D

வலுவான,
நிறைவான இன்பம் பெற ;
நரம்பு தளர்ச்சி நீங்கிட
உபயோகிப்பீர்.

ரிஷிகல்ப் லேகியம்

தங்க பற்பம் கலந்தது.

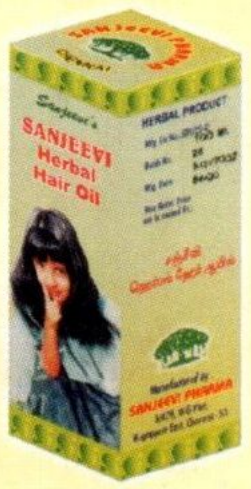
சஞ்சீவி பார்மா

ஈடு இணையற்ற பத்தாவது ஆண்டு சேவையில்
சிறந்த சித்த மருந்துகள் தயாரிக்கும் நிறுவனம்
(சாஸ்திரிய மற்றும் எமது சொந்த தயாரிப்பு மருந்துகள்)

SANJEEVI PHARMA
CHENNAI - INDIA

கூந்தல் கருமையின்மையா?
பொடுகா?
முடி உதிர்கிறதா?
இளநரையா?
உபயோகிப்பீர்.

சஞ்சீவி
ஹெர்பல் ஹேர் ஆயில்



"சித்த மருந்துகளால் உலகம் முழுவதும் ஆரோக்கியமான மனித சமுதாயத்தை உருவாக்குவோம்"

எமது தலை சிறந்த
சித்த மருத்துவ கேப்ஸ்யூல்கள்

வாசா போர்ட், நியூஸ்கினோ,
பெப்ஸிங், ஒபிசான், விஸில்,
ஜெட் 100 கோல்டு,
ரிமோஜிவி கோல்டு,
லூகோடி, மூல் கேர், டயாகேர்

பெண்களுக்கான
அலோஜின் சிரப்

வெள்ளைபடுதல்,
சீரற்றமாதவிடாய்,
மாதவிடாயின் போது ஏற்படும்
வலி மற்றும் கர்ப்பப்பையில்
ஏற்படும் புண் ஆகிய
அனைத்து வியாதிகளுக்கும்

சிரப் வடிவிலான சித்த மருந்துகள்

நியுலிவ், அஸ்வஜீவி,
சஞ்சீவி காப்சிரப், வாசா போர்ட்

ஆயில்

சஞ்சீவி 777 ஆயில், ருமோஜீவி ஆயில்,
சஞ்சீவி நியூஸ்கினோ ஆயில், இவை தவிர
சாஸ்திரீய மருந்துகள்,
(பற்பம், செந்தூரம், சூரணம், லேகியம், தைலம் பிற)

மருத்துவர்களுக்கும் மருந்தகங்களுக்கும் சிறப்பு சலுகை உண்டு

தயாரிப்பு நிலையம் : 3/479, MIG பிளாட், முகப்பேர் கிழக்கு, சென்னை – 50. ✆ : 26560278
மொத்த விற்பனையாளர் : **சஞ்சீவி பார்மா டிரேடர்ஸ்**, 36, சுண்ணாம்பு கால்வாய் தெரு,
அமைந்தகரை, சென்னை – 29, ✆ : 26451907
துணை விற்பனையாளர் : **சஞ்சீவி என்டர்பிரைசஸ்**, 6/2B, அய்யனார் கோவில் தெரு, திருவாரூர்–2. ✆ : 242202
விற்பனையகம் மற்றும் கிளினிக் : **சஞ்சீவி பார்மா**, எண். 5, என்.எஸ்.கே. நகர், சித்த மருத்துவக்
கல்லூரி எதிரில், அரும்பாக்கம், சென்னை – 106. ✆ : 26287118. 26221973

இங்கு பட்டம் பெற்ற சித்த மருத்துவர்களின் ஆலோசனைகளை நேரிலும் தபாலிலும் பெறலாம்.
நாட்பட்ட தோல்நோய்கள், மூட்டுவாத நோய்கள், ஆஸ்த்துமா, குழந்தைப் பேறின்மை
முதலியவற்றிற்க்கு சிறப்பான ஆலோசனை வழங்கப்படும்.

Factory 3/479, MIG Plot, Mugappair East,
Chennai - 600 050.
✆ : 2656 0278

Shop 514/2, N.S.K. Nagar, Arumbakkam,
Chennai - 600 106.
✆ : 2628 7118, 2622 1973

Promoters Sanjeevi Pharma Traders
36, Limeklin Street, Aminjikarai,
Chennai - 29. ✆ : 26451907

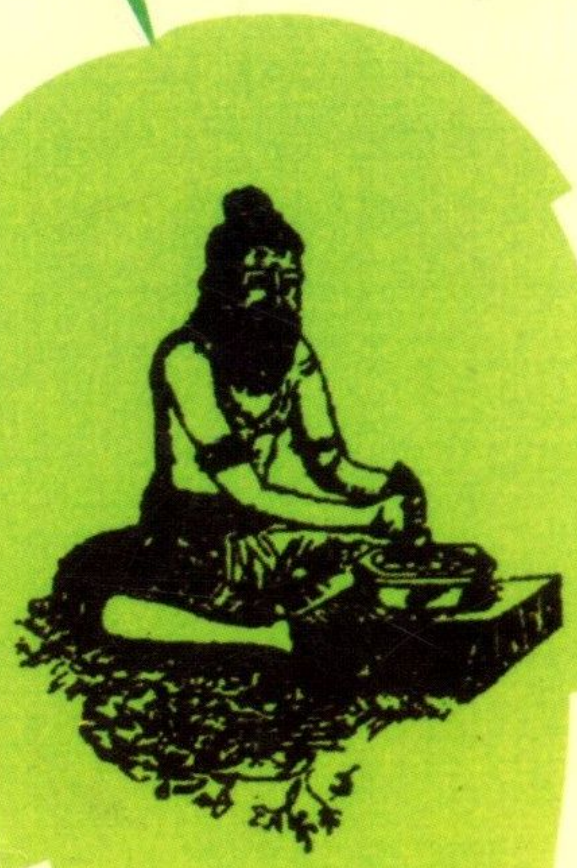
Sanjeevi Enterprises
No.2, Iyyanar Koil Street,
Thiruvarur - 2. ✆ : 242202

தீராத ஆஸ்த்துமா மற்றும் அலர்ஜிக்கு சிறந்த நிவாரணி **சுவாச கல்பா சிரப்**

AMUDHAKALASAM SIDDHA LITERARY RESEARCH CENTRE

GMP CERTIFIED

ஆரோக்கிய வாழ்விற்கு வளமான அடித்தளம் சித்த மருத்துவம்



தமிழர்களின் தொன்மை வாய்ந்த பண்பாட்டில் ஆரோக்கிய வாழ்விற்கு அடித்தளம் அமைத்தது சித்த மருத்துவம். இறையருள் பெற்ற சித்தர்களால் மனித குலத்திற்கு அர்ப்பணிக்கப்பட்ட இந்த பாரம்பரிய மருத்துவ சிகிச்சை முறை, இதுவரையில் பல தலைமுறைகளை ஆரோக்கியமாக வாழ வைத்துள்ளது

இப்பொழுது SKM சித்தா பார்மாசூட்டிக்கல்ஸ், இந்த அபூர்வ சித்த மருந்துகளை, பாரம்பரியம் மாறாமல் நவீன இயந்திரங்களைக் கொண்டு, சித்த மருத்துவர்களின் மேற்பார்வையில், தீவிர தரக்கட்டுப்பாடு வழிகளைப் பின்பற்றி கடந்த 9 ஆண்டுகளாக தயாரித்து சித்த மருத்துவர்களுக்கு வழங்கி வருகின்றது.

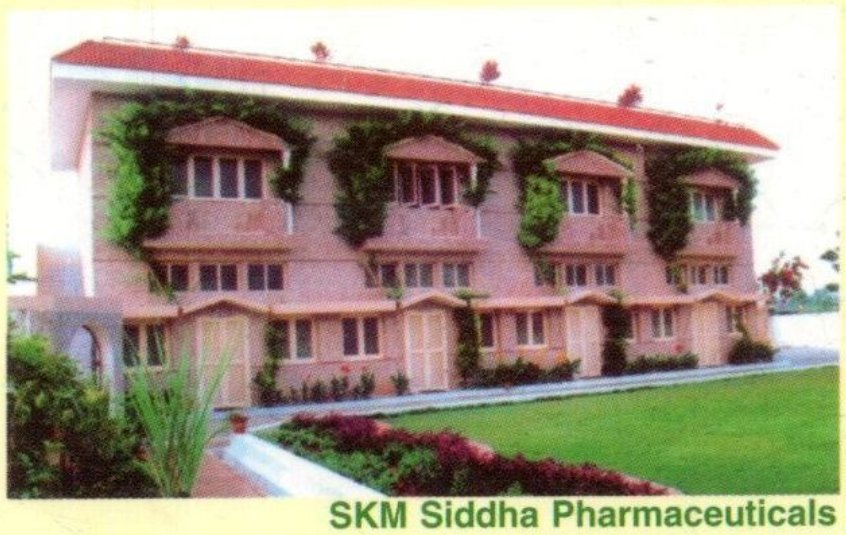
14 ஆண்டுகளாக சிறப்புடன் செயல்பட்டு வரும் SKM சித்த மருத்துவமனை, அனுபவம் வாய்ந்த சித்த மருந்துகளின் மூலம் நோயாளர்களுக்கும் பெரிய அளவில் சேவையாற்றி வருகின்றது.

நோயாளர்களுக்கு இலவச ஆலோசனை

சித்த மருத்துவர்களுக்கு கழிவு விலையில் மருந்துகள்.

கவனிக்கப்படும் நோய்கள்

- ஆஸ்த்துமா
- குடல் புண்
- மூலம்
- குழந்தைகளின் நோய்கள்
- தோல் நோய்கள்
- முடி உதிர்தல்
- ஆரம்ப நிலை புற்றுநோய்
- மூட்டு வலி
- கருத்தரித்தலில் குறைபாடுகள்(ஆண்/பெண்)
- மாதவிலக்கு கோளாறுகள்



SKM Siddha Pharmaceuticals

SKM HEALTH AND MIND WELFARE CHARITY TRUST

133, Chennimalai Road, Erode- 638 001, Tamil Nadu, India.
Tel: 0424- 2259293, 2268391 E-mail: sales @ skmsiddha.org
Branch : 15, Kannaiya St, T.Nagar, CHENNAI-17
Tel: 044- 28340195 Web: www.skmsiddha.org

AMUDHAKALASAM SIDDHA LITERARY RESEARCH CENTRE